URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-036652
STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 193

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 400 E. 4th St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Opolis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MAX Middle: ELDON Last: SEAL

4. DATE OF DEATH: Month Day Year: Oct 13, 1959

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-24-1911
9. AGE (last birthday): 48
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist
10b. KIND OF BUSINESS OR INDUSTRY: mfg
11. BIRTHPLACE (City and state or country): Belleville, Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George A. Seal
13b. MOTHER'S MAIDEN NAME: Myrtle Davis
14. NAME OF HUSBAND OR WIFE: Helen Ellis Seal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: not available
17. INFORMANT Address: Helen Seal, Opolis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Unknown natural causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?: YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from never, to _____ and last saw her/him alive on _____
Death occurred at 11:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L. Cohle, M.D.
22b. ADDRESS: Carthage, Mo.
22c. DATE SIGNED: 10/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 10-13-59
23c. NAME OF CEMETERY OR CREMATORY: Crocker Cem.
23d. LOCATION (City, town, or county) (State): Pittsburg, Kansas

24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary, Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 10-13-59
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

US OCT 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert H. Knell
Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.