

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 0 8

FILED VS. JAN 13 1960

387

Primary Registration District No. 5210

Registrar's No. 20

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Coloma		Length of stay in 1b Stark & Main Throuse		c. CITY OR TOWN Coloma		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Hiway 2 1/2 Mi. W. of Coloma				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 1/2 Mi. W. of Coloma	
3. NAME OF DECEASED (Type or print) First ELMER Middle JOHN Last SEAMAN				4. DATE OF DEATH Month December Day 24 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/16/98	
				9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker				10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (City and state or country) Chillicothe, Mo.	
13a. FATHER'S NAME Bert Seaman				13b. MOTHER'S MAIDEN NAME Nora Grabous		14. NAME OF HUSBAND OR WIFE Amanda Treon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				16. SOCIAL SECURITY NO. 509-20-4239		17. INFORMANT Address RR#1 Bogard, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crashed Chest DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 min.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident 6 miles N.W. of 65 on a County Rd.			
20c. TIME OF INJURY Hour a.m. p.m. Head-on Col. 2 Cars. 017		Month, Day, Year		20d. CITY, TOWN, OR LOCATION COUNTY STATE			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 12/24/59 to 12/24/59 and last saw her alive on _____ Death occurred at 5:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. Henderson				22b. ADDRESS Carrollton Mo		22c. DATE SIGNED 12/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/28/59		23c. NAME OF CEMETERY OR CREMATORY Resthaven		23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo				25. DATE RECD. BY LOCAL REG. Jan. 5, 1960		26. REGISTRAR'S SIGNATURE Mrs Rex Henderson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 & T NVC SA

JAN 21 1960

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 _____
Signature of Student Embalmer

Signed John Bolin

Licensed Embalmer No. 5035

P. O. Address C. Hullicoth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.