

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 9 8 9

FILED VS DEC 21 1959 132

Registration District No. 3021

Primary Registration District No. 214

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb 17 days		c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neal's Nursing Home 1411 Main Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 5, Trenton, Mo.		Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CASPER Middle CLYDE Last SEALOCK				4. DATE OF DEATH Month December Day 11 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 11/28/83		9. AGE (last birthday) 76/0/13		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction			10b. KIND OF BUSINESS OR INDUSTRY Gen. Foreman			11. BIRTHPLACE (City and state or country) Grundy Co., Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME David A. Sealock				13b. MOTHER'S MAIDEN NAME Lucy Bushong Sealock				14. NAME OF HUSBAND OR WIFE Byrd Langdon Sealock					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 265-09-1529		17. INFORMANT Address Mrs Willard Payne, Trenton, 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) Carcinoma of Prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 About 2 yrs													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____				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 Jan-1958 to Dec 11-1959 and last saw her/him alive on Dec 7-1959 Death occurred at 5:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE B. H. Cullers M.D. (Degree or title)						22b. ADDRESS Trenton, Mo.			22c. DATE SIGNED 12-12-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/14/1959		23c. NAME OF CEMETERY OR CREMATORY Edinburg Cemetery			23d. LOCATION (City, town, or county) (State) Edinburg, Mo.						
24. FUNERAL DIRECTOR ADDRESS Gipson Funeral Home, Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 12-14-59		26. REGISTRAR'S SIGNATURE J. E. J. J. J.							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Hal Rowben

Licensed Embalmer No. 340

P. O. Address Trenton,

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.