URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-005146
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 143

ENDED

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: B. County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1204 Range Line
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: E. Middle: Wells Last: Seaman
4. DATE OF DEATH: Month: March Day: 8 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 21, 1881
9. AGE (last birthday): 78
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): Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and state or country): Rawlings, Pa.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Samuel Seaman
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Marian Seaman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 496-16-7931
17. INFORMANT: Mrs. Wells Seaman Address: Columbia, 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): Cerebral Thrombosis, Multiple
DUE TO (b): Arteriosclerosis
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 1 Day; 7 Mos Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia
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 Sept. 2, 1959, to March 8, 1960 and last saw him alive on March 8, 1960
Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John C. Linsley Jr. (Degree or title): M.D.
22b. ADDRESS: 16 So Tenth, Columbia, Mo
22c. DATE SIGNED: Mar 9, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/10/1960
23c. NAME OF CEMETERY OR CREMATORY: Elliott Groves Cemetery
23d. LOCATION (City, town, or county) (State): Brunswick, Missouri
24. FUNERAL DIRECTOR: Lyman Sprinkle ADDRESS: Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: March 10, 1960
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George R. Trammel

Signature of Student Embalmer

Licensed Embalmer No. 4425

P. O. Address Columbia

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