

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023735

STATE FILE NUMBER

AMENDED

Registration District No. 381 Primary Registration District No. 4575 Registrar's No. 63

FILED JUN 19 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

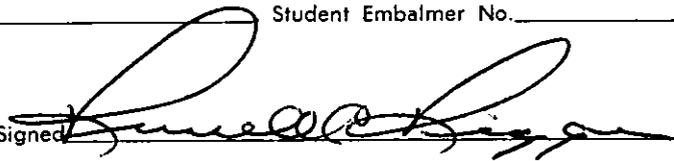
BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u> | | Length of stay in 1b | c. CITY OR TOWN <u>MILAN</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULLIVAN CO MEML HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>PLASCENT L SEYMOUR</u> | | 4. DATE OF DEATH Month Day Year <u>JUNE 6 1961</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-19-23</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u> | 9. AGE (last birthday) <u>87</u> |
| 11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>WELFARE RECORDS</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Ulceration Urinary Bladder</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6da.</u> <u>3 wks.</u> |
| 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"/> N: <input type="checkbox"/> Unknown |
| 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 <u>May 61</u> to <u>June 6 61</u> and last saw ^{her} him alive on <u>June 6 61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. W. Simpson D.O.</u> (Degree or title) | | 22b. ADDRESS <u>Milan, Mo.</u> | 22c. DATE SIGNED <u>6/7/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>JUNE 7, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>HENRY</u> | 23d. LOCATION (City, town, or county) (State) <u>MILAN MO</u> |
| 24. FUNERAL DIRECTOR <u>James Thomas Howe</u> ADDRESS <u>Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-12-61</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u> |

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  _____

Licensed Embalmer No. 3792

P. O. Address W. L. Mc

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.