

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036501

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 234

STATE FILE NUMBER

AMENDED

FILED OCT 16 1961

| | | | | | | |
|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON | | Length of stay in 1b | c. CITY OR TOWN UNION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1219 N. WASHINGTON A. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First DELLA Middle MARY Last SEAMON | | | 4. DATE OF DEATH Month OCT. Day 8 Year 1961 | | | |
| 5. SEX FEMALE | 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 NOV. 2, 1892 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months 11 Days 8 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY | 11. BIRTHPLACE (City and state or country) UNION, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME BEN HENRY SCHREIBER | | 13b. MOTHER'S MAIDEN NAME LOUISE ROSEENKOETTER | | 14. NAME OF HUSBAND OR WIFE ERVIN SEAMON | | |
| 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. NONE | | 17. INFORMANT Address MR. ERVIN SEAMON 1219 WASHINGTON UNION, 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) Left Ventricular failure DUE TO (b) Arteriosclerosis, Severe Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 8 years 10 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | | | | 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 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 a.m. p.m. | Month, Day, Year | | | | | |
| 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 March 1857 to Death and last saw her alive on 7 Oct 61 Death occurred at 12:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Wm Richardson, M.D. | | | 22b. ADDRESS Union, Mo | | 22c. DATE SIGNED 9 Oct 61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 10, 1961 | 23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY | | 23d. LOCATION (City, town, or county) (State) UNION, MO. | | |
| 24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO. | | 25. DATE RECD. BY LOCAL REG. 10/11/61 | 26. REGISTRAR'S SIGNATURE Lula P. Schuessler | | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.