

LEASE MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022389

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 248

STATE FILE NUMBER

FILED JUN 26 1962

VS 300 Rev. 4/59

10269
20760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>OSAGE</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in lb <u>1 1/2 days</u>	c. CITY OR TOWN <u>P.F.D. Belle-Mo</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>(1-mil. north)</u>
3. NAME OF DECEASED (Type or print) First <u>Hiram</u> Middle <u>P</u> Last <u>Sease</u>		4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 27-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>77</u>
11. BIRTHPLACE (City and state or country) <u>Alpha, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Sease</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Beightol</u>	14. NAME OF HUSBAND OR WIFE <u>Kreuer Merriell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs Blanche Mahoney Belle Mo</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 Vascular Accident</u> <u>(? Intracerebral hemorrhage)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia, due to asperation</u>			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 checked="" 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>6/18/62</u> to <u>6/20/62</u> and last saw ^{her} him alive on <u>6/19/62</u> Death occurred at <u>4:30</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. S. Sanderson</u> (Degree or title) <u>MO</u>		22b. ADDRESS <u>515 E. High St. Jeff City, Mo</u>	22c. DATE SIGNED <u>6/22/62</u>
23a. BURIAL CREATION, REMOVAL (Specify)	23b. DATE <u>June 23-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) <u>Jayette - Iowa</u>
24. FUNERAL DIRECTOR <u>Chas. S. Sams Belle-Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>21 June 1962</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Davis</u>

USE BLACK INK OR TYPEWRITER RIBBON

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

Cherte Lassman

Licensed Embalmer No.

4178

P. O. Address

Blend-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.