

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041704

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 / Primary Registration District No. 1000 Registrar's No. 1277

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF C.A. Potter, Jr., M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Buchanan</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph, Missouri</u> Length of stay in 1b <u>since 9/1/62</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u></p> <p>c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2014 Lovers Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p><b>3. NAME OF DECEASED</b> (Type or print) First <u>ELIZABETH</u> Middle <u>SEYMOUR</u> Last <u>MC CLINTOCK</u></p>			<p><b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>10,</u> Year <u>1962</u></p>		
<p><b>5. SEX</b> <u>Female</u></p>		<p><b>6. COLOR OR RACE</b> <u>White</u></p>		<p><b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p><b>8. DATE OF BIRTH</b> <u>Mar. 11, 1888</u></p>		<p><b>9. AGE</b> (last birthday) <u>74</u></p>		<p><b>10. IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u></p>	
<p><b>11. IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u></p>		<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u></p>	
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Fairfax, Missouri</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u></p>			
<p><b>13a. FATHER'S NAME</b> <u>W. B. Seymour</u></p>			<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Lura May Pebley</u></p>		<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>J. O. McClintock</u></p>
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)</p>			<p><b>16. SOCIAL SECURITY NO.</b> <u>None</u></p>		<p><b>17. INFORMANT</b> <u>Son</u> Address <u>Mr. Arnold McClintock-Gower, Missouri</u></p>
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Cerebral vascular thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> <u>Years</u></p> <p>DUE TO (c) <u>General arteriosclerosis</u> <u>Years.</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithotomy; Arteriosclerotic heart disease</u></p> <p>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</p>					
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>		<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u> <u>  </u> <u>  </u></p>			<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b> <u>St. Joseph, 1962</u></p>		<p><b>20g. COUNTY</b> <u>  </u> <b>STATE</b> <u>  </u></p>	
<p><b>21. I attended the deceased from</b> <u>Sept. 6, 1962</u> <b>to</b> <u>Nov. 10, 1962</u> <b>and last saw her</b> <u>Nov. 10, 1962</u> <b>alive on</b> <u>  </u> <b>Death occurred at</b> <u>6:15 AM</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b></p>					
<p><b>22a. SIGNATURE</b> <u>C.A. Potter, Jr., M.D.</u> (Degree &amp; title) <u>Physicians &amp; Surgeons Building, St. Joseph, Mo.</u></p>			<p><b>22c. DATE SIGNED</b> <u>11-13-62</u></p>		
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u></p>		<p><b>23b. DATE</b> <u>Nov. 13, 1962</u></p>		<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Peru Cemetery</u></p>	
<p><b>23d. LOCATION</b> (City, town, or county) <u>Peru, Illinois</u></p>		<p><b>23e. (State)</b> <u>  </u></p>			
<p><b>24. FUNERAL DIRECTOR</b> <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u></p>			<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 16, 1962</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Clark Goodell</u></p>

NOV 20 1962

Account of student 11/20/62

**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 Raymond H. Brown

Licensed Embalmer No. 5147

P. O. Address St. Joseph's

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.