

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045727

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4543 Registrar's No. 12

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/120
2/120
3
4 0
5 1
6
7 1
8 0
9 601X
10
11
12 90-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ,

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR		Length of stay in lb	c. CITY OR TOWN SEYMOUR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NPT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SEYMOUR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First C. C. Middle S. Last SEAL		4. DATE OF DEATH Month 11 - Day 12 - Year 62	
5. SEX MALE	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 AUG. 17, 1879 9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BAPTIST MINISTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HANDCOCK CO. TENN. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME IVAN SEAL		13b. MOTHER'S MAIDEN NAME MARY JANE TRENT	14. NAME OF HUSBAND OR WIFE LYDIA
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 LOREN KLEIER Address SEYMOUR 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) Prostatic CARCINOMA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Purulent URINARY Cystitis DUE TO (c) Hydronephrosis			INTERVAL BETWEEN ONSET AND DEATH 2 YRS ? ?
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"/> 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 checked="" 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 MAY, 10, 1961 to Nov. 12, 1962 and last saw ^{her} him alive on 11/7/62 Death occurred at 1165 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. R. Hill (Degree or title) D.O.		22b. ADDRESS Seymour	22c. DATE SIGNED 11/14/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-16-62	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC	23d. LOCATION (City, town, or county) WEBSTER Co. MO. (State)
24. FUNERAL DIRECTOR Robert Bergman Address Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 11-16-1962	26. REGISTRAR'S SIGNATURE Gilbert Jones

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.