

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049382

STATE FILE NUMBER

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 19 1962

VS 300
Rev. 4/59

1 1120

2 1120

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12 90-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>WEBSTER</u> | | a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEYMOUR</u> | | c. CITY OR TOWN <u>SEYMOUR</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>LYDIA MARGARET SEAL</u> | | 4. DATE OF DEATH Month Day Year <u>12 - 6 - 62</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</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>MAR. 19 1884</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and state or country) <u>SCOTT Co. VIRGINIA</u> |
| 13a. FATHER'S NAME <u>ROBERT SPEARS</u> | | 13b. MOTHER'S MAIDEN NAME <u>SARAH CASTLE</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. <u>NONE</u> | |
| 17. INFORMANT <u>NOREN KEMER</u> | | 17. ADDRESS <u>SEYMOUR, MO.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>ACUTE CORONARY OCCLUSION</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>DIABETES MELLITUS</u> | | | |
| DUE TO (c) <u>ARTEROSCLEROSIS</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"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>MAY-10-1953</u> to <u>12/6/62</u> and last saw her/him alive on <u>12/6/62</u> | | | |
| Death occurred at <u>3:35 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J.P. Hill D.O.</u> (Degree or title) | | 22b. ADDRESS <u>Seymour,</u> | 22c. DATE SIGNED <u>12/8/62</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>12-8-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR MASONIC</u> | 23d. LOCATION (City, town, or county) <u>WEBSTER Co. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Robert Bergman Seymour, Mo.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>12-17-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 20 1962

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 E Miller

Licensed Embalmer No. 4720

P. O. Address Manfield 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.