S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8 / 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1945

State File No. 24405

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 570

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Purdin Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Ann Seals
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F m/
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife O. W. Seals
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Dec (Month) 5 (Day) 1871 (Year)
8. AGE: Years 73 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Sullivan Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Simon Helms
13. Birthplace ? (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Carrity 0
15. Birthplace ? (City, town, or county) 9 (State or foreign country)
16. (a) Informant J. D. High
(b) Address Brookfield Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-28-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Oakwood-Milan
18. (a) Signature of funeral director Schoenes
(b) Address Milan Mo
19. (a) 7-5-1945 (Date received local registrar) (b) W W Camer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1945 hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from Nov 18, 1944 to June 25, 1945;
that I last saw her alive on June 25, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Burned to death, from oil stove, lived about 3 hours after accident	3
Due to	
Due to	

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 18/1
Of autopsy none 5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 8
(b) Date of occurrence June 25, 1945 5
(c) Where did injury occur? Purdin (City or town) Linn (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Home
(Specify type of place)
While at work? yes (e) Means of injury fire from oil cook stove 2
23. Signature Guy W Tatle DO (M. D. or other)
Address Purdin Mo Date signed 6/25/45

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(Licensed Embalmer's Statement on Reverse Side)

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Dwight Schroeer

Licensed Embalmer No. 2667

P. O. Address Milan, 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 this body is not embalmed, fact should be so stated above.