

No. 2
-12-45
-5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27140**
Registrar's No. **68**

FILED AUG 18 1948

Registration District No. **245**

Primary Registration District No. **3047**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **NEWTON**

(b) City or town **NEOSHO**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **SALE MEMORIAL HOSPITAL** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Newton** **7?**

(c) City or town **RURAL** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **EAST FRANKLIN Twp.** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE JUSTIN SEYERS**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **500-07-4656**

4. Sex **MALE** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **OPAL SEYERS**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **FEBRUARY 16 1884**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **5**
year **1948** hour **6:52** minute **A. M.**

21. I hereby certify that I attended the deceased from **JULY 28**, 19**48**, to **5 Aug**, 19**48**;
that I last saw him alive on **5 AUG**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **CORONARY THROMBOSIS** **8 DAYS**
Duration

8. AGE: Years Months Days If less than one day
64 5 19 hr. **2** min.

9. Birthplace **NEWTON CO. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **PLASTERER + FARMER.**

11. Industry or business **BUILDING TRADE**

12. Name **FRANK SEYERS**

13. Birthplace **MISSOURI** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH LEWIS**

15. Birthplace **MISSOURI** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Opal Seyers**

(b) Address **Stella Mo. R#1**

17. (a) **BURIAL** (b) Date thereof **8-7-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MACIDONIA CEM.**

18. (a) Signature of funeral director **Corey Thompson**
(Name)

(b) Address **Neosho Mo.**

19. (a) **Aug 10 1948** (b) **Melvin C. Bowman**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **040**
Of operations

Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

Means of injury _____

23. Signature **R. J. Taylor** **0** (M. D. or other) **M.D.**
Address **Neosho Mo.** Date signed **Aug 9 1948**

RECEIVED

District Health Officer No. *Newton Co. Health Unit*
District File Number *848-358*
Date filed *Aug 16 1948*

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 *Corey Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.