

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1823

BIRTH NO. 4 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 5707 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural McMullen</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural McMullen</u>	
c. LENGTH OF STAY (in this place) <u>26 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Tiff City, Mo. R#</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Seth Seales</u>		b. (Middle) <u></u>	
c. (Last) <u></u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 28 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-28-1873</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>21</u>	IF UNDER 1 HR. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Seales</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Seales</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>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl Seales</u>		ADDRESS <u>Tiff City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auriculoventricular Block</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>XXXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no injury</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>XXXXXX</u>	
21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXXXXXXXXXXXX</u>		<u>21</u>	
22. I hereby certify that I attended the deceased from <u>Aug 15</u> , 19 <u>48</u> , to <u>Jan. 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-19</u> , 19 <u>49</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Bush</u>		23b. ADDRESS <u>D.O. Anderson, Missouri</u>	
23c. DATE SIGNED <u>I-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cummings Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Tiff City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Virginia Bush</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. ...</u>		ADDRESS <u>Wheaton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 249-137
Date Filed 2-2-49

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 _____
Student Embalmer

Signed W. Morris Jone

Licensed Embalmer No. 3492

P. O. Address Wheaton, 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.