

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33361

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>236</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)				
a. COUNTY <u>COLE</u>		a. STATE <u>Unknown</u>		b. COUNTY <u>Unk</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (in this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unk</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MO. STATE PRISON HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>Unk</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)			
(Type or Print) <u>MAURICE</u>		<u>SEALS</u>	<u>Oct 28</u>	<u>24</u>	<u>49</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>4/16/09</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONVICT</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>		
13a. FATHER'S NAME <u>ADVACSEALS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MO. STATE PRISON HOSPITAL, JEFF. CITY, MO.</u>				ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS Bilateral</u>						
		ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) <u>Tuberculosis</u>						
		DUE TO (c)				<u>11 X</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>APRIL 1949</u> , 19___, to <u>OCTOBER 24 1949</u> , that I last saw the deceased alive on <u>10/24/49</u> , 19___, and that death occurred at <u>12:05 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. McKeally, M.D.</u>				23b. ADDRESS <u>JEFFERSON CITY, MO.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 28-1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Darrin M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. McKeally</u>		ADDRESS <u>Jefferson City, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 91
RECEIVED
NOV 4 1919

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer
ST 13

Signed *Joseph J. Gorman*
Licensed Embalmer No. *1986*

P. O. Address *Effingham City 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.