

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 504

190

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

| | | | | | | | | | |
|---|--|---|--|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>59</u> | | PRIMARY REG. DIST. NO. <u>4097</u> | | Registrar's No. <u>14</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> | | c. LENGTH OF STAY (in this place) <u>8</u> Hours | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u> | | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>none</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> | | | b. (Middle) <u>L.</u> | | c. (Last) <u>SEBA</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 4 - '50</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 24, 1880</u> | | 9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Napoleon, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>H. H. Woestemeyer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louisa Kahlmeyer</u> | | | 14. NAME OF HUSBAND OR WIFE <u>George W. Seba</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'S SIGNATURE OR NAME <u>George W. Seba</u> | | | ADDRESS <u>Belton, 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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) <u>Senility mostly</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u> <u>undet.</u> <u>331X</u> | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT <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, 1947</u> , to <u>Feb 4, 1950</u> , that I last saw the deceased alive on <u>Feb 4, 1950</u> , and that death occurred at <u>8 1/2 m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harry B. Newton</u> | | | | 23b. ADDRESS <u>Harrisonville, Mo.</u> | | | 23c. DATE SIGNED <u>2-4-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 6, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>near Belton, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Feb. 4, 1950</u> | | REGISTRAR'S SIGNATURE <u>Laura J. Jones</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. Seager Sons Belton, Mo</u> | | | | |
| (Licensed Embalmer's Statement on Reverse Side) <u>by R.E. Seager</u> | | | | | | | | | |

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bellton, 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.