

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10096

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY OR TOWN <u>Farmington</u> <small>(If outside corporate limits, write RURAL and give township)</small>	c. LENGTH OF STAY (in this place) <u>11Y;10M;12D</u>	c. CITY OR TOWN <u>Perryville</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>County Farm</u>	

3. NAME OF DECEASED (Type or Print) <u>BERNARD</u>	a. (First) <u>H.</u>	b. (Middle) <u>SEEMS</u>	c. (Last)	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>23</u> (Year) <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 2 HRS. <u>20</u> Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Vincent Seems</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cissell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record State Hospital No. 4</u>	ADDRESS <u>Farmington, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of Scrotum</u>		<u>Abt. 1 WK.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Extravasation of Urine from Ruptured bladder</u>		<u>Abt. 1 wk.</u>
DUE TO (c) <u>Prostatic Obstruction</u>		<u>Abt. 1 wk.</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Dementia Praecox Psychosis</u>		<u>Abt. 12 Yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>610X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 1, 1949, to March 23, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Brennan</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>3-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Univ. Anat. Dept.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Etther Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>289 Miller Funeral Home</u>	ADDRESS <u>Farmington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No.

File No. 450-495

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Carl J. Miller*

Licensed Embalmer No. *3752*

P. O. Address *Farmington, 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.