No. 200
10.48

4

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

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27113
Registrar's No. 3518

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3621 WARWICK BLVD — WARWICK NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 24/8
d. STREET ADDRESS (If rural, give location): 1322 EAST 27TH STREET 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): ELIZABETH
c. (Last): SEAVER

4. DATE OF DEATH (Month) (Day) (Year): AUG.-14-1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT.-14-1872
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): LACON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WALLACE HONEYWELL
13b. MOTHER'S MAIDEN NAME: KATE LEE
14. NAME OF HUSBAND ~~OR WIFE~~: ARTHUR T. SEAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ARTHUR T. SEAVER
ADDRESS: 1322 EAST 27TH ST. KANSAS CITY, MO.

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) Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiplegia, left — 3 1/2 mos
DUE TO (c) Cerebral Hemorrhage — 3 1/2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Due to Arteriosclerosis + Hypertension — Sev. yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 28, 1950, *to* Aug. 14, 1950, *that I last saw the deceased alive on* 8/14, 1950, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter P. Jacob (Degree or title): M.D.
23b. ADDRESS: 310 Bryant Bldg
23c. DATE SIGNED: 8/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-17-50
24c. NAME OF CEMETERY ~~OR CREMATORY~~: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 8-16-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed John E. Fraking

Signed.....
Student Embalmer

Licensed Embalmer No. 4483

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.