

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30650

3988

BIRTH NO. 65820-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 12 Hrs	c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		0484
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospt			d. STREET ADDRESS 1224 So WINDSOR		
3. NAME OF DECEASED (Type or Print) MICHAEL DEAN		a. (First)	b. (Middle)	c. (Last) Seals	4. DATE OF DEATH (Month) (Day) (Year) 9/19/50
5. SEX MO	6. COLOR OR RACE W	7. MARRIED: NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/19/50	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo 0		12. CITIZEN OF WHAT COUNTRY? 45	
13a. FATHER'S NAME DONALD SEALS		13b. MOTHER'S MAIDEN NAME MARY K. BROWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Donald Seals, K.C Mo ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fetal Ataxectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity - 2 months DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 7625
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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)		21f. HOW DID INJURY OCCUR?
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"/>			
22. I hereby certify that I attended the deceased from Sept. 19, 1950, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 11:30 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Kenneth A. Davis (Degree or title) Kenneth A. Davis M.D.		23b. ADDRESS 201 P. 1029 Leffer Bldg, Kansas City, Mo		23c. DATE SIGNED 9-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9/19/50	24c. NAME OF CEMETERY OR CREMATORY Greenhawn	24d. LOCATION (City, town, or county) (State) Kansas City Mo		
DATE REC'D BY LOCAL REG. 9-20-50	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Phil Howard Home		ADDRESS K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. P. Scheil

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K. C. 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.