

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32296

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 43

971
1

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Louisiana</u> b. COUNTY <u>8170</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe</u>	
c. LENGTH OF STAY (In this place) <u>5 month</u>		d. STREET ADDRESS (If rural, give location) <u>Commercial School</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Harry John</u> b. (Middle) <u>Seward</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-26-1950</u>		
---	--	--	--	--	--

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>1880</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 HRS. Hours _____ Min. _____	
--------------------	--	-------------------------------	--	--	--	---------------------------------	--	---	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business & Com. School Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial School</u>				11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
--	--	--	--	---	--	--	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Richard Seward</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Connor</u>				14. NAME OF HUSBAND OR WIFE			
---	--	--	--	---	--	--	--	-----------------------------	--	--	--

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>Mrs H C Drummond</u>				ADDRESS <u>Slater, Mo</u>			
---	--	--	--	--	--	--	--	--	--	--	--	------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>													
		ANTECEDENT CAUSES													
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____													
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>										<u>7201</u>			
19a. DATE OF OPERATION				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) (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 June 1950 to Sept 26, 1950, that I last saw the deceased alive on Sept 26, 1950 and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. C. Drayton M.D.</u>				23b. ADDRESS <u>Slater, Mo.</u>				23c. DATE SIGNED <u>9-27-50</u>			
---	--	--	--	------------------------------------	--	--	--	------------------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>			
--	--	-----------------------------	--	---	--	--	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>9/29/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metzger</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Jones, Sager</u>				ADDRESS <u>Slater Mo</u>			
--	--	--	--	--	--	---	--	--	--	-----------------------------	--	--	--

RECEIVED ^{142/50}

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/2/50

DEC 15 1950

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

Signed James E. Jones

Licensed Embalmer No. 3143

P. O. Address Slater, 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.