

FILED FEB 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3782

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0100</u> OR <u>Sturgeon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BEULAH</u>	b. (Middle) <u>FOUNTAIN</u>	c. (Last) <u>SEYMOUR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-28-78</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis H. Fountain</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Lyon</u>	14. NAME OF HUSBAND OR WIFE <u>James Wallace Seymour</u>
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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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Wilson Centralia, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last:  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)
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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 1-3 <sup>1951</sup> to 2-16, 1951, that I last saw the deceased alive on 2-16, 1951, and that death occurred at 3:15P, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland P. Selwyn MD</u>	23b. ADDRESS <u>Columbia Mo.</u>	23c. DATE SIGNED <u>2-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill G. Meador</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2 26 51  
DISTRICT HEALTH OFFICE NO. 3  
District File Number \_\_\_\_\_  
Date Filed 2 26 51

REB 27 1951

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 \_\_\_\_\_

Lois M. Meador

Student Embalmer No. 379

working under my personal supervision.

Student Lois M. Meador  
Student Embalmer

Signed \_\_\_\_\_

A. E. Booth

Licensed Embalmer No. \_\_\_\_\_

4087

P. O. Address \_\_\_\_\_

Sturgeon 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.