

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4515
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 150

0396

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | |
| c. LENGTH OF STAY (in this place) <u>20 years</u> | | d. STREET ADDRESS (If rural, give location) <u>762 South Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>762 South Avenue</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>SEWARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1951</u> | | |
| 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>7 April 1876</u> | 9. AGE (in years last birthday) <u>74</u> | IF UNDER 1 YEAR Months Days |
| 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 <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Henry County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>John A. Seward</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Roger Seward, Springfield, Missouri</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 mo.</u> <u>442 X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal vascular disease</u> DUE TO (c) <u>Semility (Age 74)</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>none</u> | 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) |
| 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 Feb 7, 1951, to Feb 22, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 1:15 P m., from the causes and on the date stated above.

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|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Don H. Silsby, M.D.</u> | 23b. ADDRESS <u>Springfield Mo</u> | 23c. DATE SIGNED <u>2/23/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>25 Feb 1951</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>East Lawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
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|---|---|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>2/24/51</u> | REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thiel</u> | ADDRESS <u>Springfield, Missouri</u> |
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off. L. C. Co. Co. Co.

7-25-57

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph H. Thiene

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.