

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LANCASTER - LIBERTY, 59th S</b> c. LENGTH OF STAY (in this place) <b>59 YR</b> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LANCASTER 098</b> d. STREET ADDRESS (If rural, give location) <b>LIBERTY T.S.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>LOVETTA</b> c. (Last) <b>SEAMSTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 17, 1951</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED X</b>	8. DATE OF BIRTH <b>JAN 28, 1870</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>J.W. NICHOLSON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH</b>		14. NAME OF HUSBAND OR WIFE <b>LEWIS C. SEAMSTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HAZEL BROWN</b> ADDRESS <b>LANCASTER MO</b>	
18. CAUSE OF DEATH Enter only one cause per line for (d), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b> 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 <b>4221</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Apr. 28, 1940</b> to <b>Dec. 19, 1951</b> , that I last saw the deceased alive on <b>Nov. 21, 1951</b> , and that death occurred at <b>7-45A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. E. Vaughan D. O.</b>		23b. ADDRESS <b>Lancaster, Mo.</b>		23c. DATE SIGNED <b>Dec. 18, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 19, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ARNI MEMORIAL</b>	
24d. LOCATION (City, town, or county) (State) <b>LANCASTER, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lucretia R Head</b> ADDRESS <b>Lancaster Mo</b>			
DATE REC'D BY LOCAL REG. <b>Dec. 18, 1951</b>		REGISTRAR'S SIGNATURE <b>Barbara Drake</b>		353	

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

Date Received: DEC 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-2  
Date Filed: DEC 26 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lucretia R. Head

Licensed Embalmer No. 4038

P. O. Address Lawrence, 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.