No. 300
10-48

FILED FEB 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6973

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 41

003
0

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 4 Da., 19 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse 0720
d. STREET ADDRESS (If rural, give location): Madison Street 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): David
c. (Last): Seal

4. DATE OF DEATH (Month) (Day) (Year): 2-13-1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 9-14-1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister--Pastor-
10b. KIND OF BUSINESS OR INDUSTRY: Nazarene Church
11. BIRTHPLACE (State or foreign country): Missouri, Reynolds County 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Seal
13b. MOTHER'S MAIDEN NAME: Angel ?
14. NAME OF HUSBAND OR WIFE: Laverta Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Rev. Benear — ADDRESS: Morehouse, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-10, 1952, *to* 2-13, 1952, *that I last saw the deceased alive on* 2-13, 1952, *and that death occurred at* 3:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Sarno, M.D. 0
23b. ADDRESS: Morehouse, Mo.
23c. DATE SIGNED: 2-14-52

24a. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal 1L
24b. DATE: 2/13/52
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Iron County, Mo.

DATE REC'D BY LOCAL REG.: 2-23-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: L. V. Adamson — Frederick town, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 25 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 252-5

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 L. Valjean Adamson

Signed _____
Student Embalmer

Licensed Embalmer No. 4351

P. O. Address Frederick town, 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.