

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23716

State File No.

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 786

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	a. STATE Missouri	b. COUNTY Buchanan
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Idle Hour Nursing Home 218 So. 10		d. STREET ADDRESS (If rural, give location) 1914 1/2 St. Joseph Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH KENNEY SEAT	b. (Middle) (also known as Joseph E. Reed)	c. (Last) Reed	4. DATE OF DEATH (Month) (Day) (Year) July 20 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Apr. 27 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest Tool & Die Maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Booneville Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Peleg Seat	13b. MOTHER'S MAIDEN NAME Martha Custer	14. NAME OF HUSBAND OR WIFE uhk
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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) no	16. SOCIAL SECURITY NO. 491-10-2885	17. INFORMANT'S SIGNATURE OR NAME Jack W. Seat	ADDRESS Independence Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary Retention		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Benign Prostatic Hypertrophy		Unknown
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	

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) 610x
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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 7-2-52, 1952, to 7-20, 1952, that I last saw the deceased alive on 7-7, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Carl C. Caslet</i>	(Degree or title)	23b. ADDRESS Kirkpatrick Building	23c. DATE SIGNED 7-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 24 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. July 26, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Caslet</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stoney...</i>	ADDRESS St. Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10-48

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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 Charles E. Bennett.....

Licensed Embalmer No. 4677.....

P. O. Address St. Joseph 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.