

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **24661**

FILED AUG 4 1952

BIRTH NO.

REG. DIST. NO. **149**PRIMARY REG. DIST. NO. **1002**Registrar's No. **3278**

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) Joplin 1495		d. STREET ADDRESS (If rural, give location) 1518 SERGEANT STREET
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) C. c. (Last) SEANOR			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 30, 1920	9. AGE (In years last birthday) 31	10. MONTHS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Joplin Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Owen Shelton		13b. MOTHER'S MAIDEN NAME Edna Hanford		14. NAME OF HUSBAND OR WIFE George Seanor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr Geo. Seanor, 1518 Sergeant Str.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepato-renal Syndrome with terminal uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatitis-Toxic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 3+ Mo 58 days
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 7-14, 1952 , to 7-19, 1952 , that I last saw the deceased alive on 7-19, 1952 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Frank B. Leitz, M.D. (Degree or title) Frank B. Leitz			23b. ADDRESS MA 107 W. Lincoln, Kansas City, Mo	23c. DATE SIGNED 7-19-52	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial	24b. DATE 7-20-52	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri		
DATE REC'D BY LOCAL REG. 7-20-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. W. Newcome's Sons, Kansas City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1957

YS MAY 24 1957

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 Elmer M. Brown

Licensed Embalmer No. 2640

P. O. Address Quincy, Ill.

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.