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FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30818

State File No.

4099

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence

d. FULL NAME OF HOSPITAL OR INSTITUTION Neurological Hospital

d. STREET ADDRESS (If rural, give location) 205 S. Osage

3. NAME OF DECEASED
a. (First) Cora b. (Middle) A. c. (Last) Seaton

4. DATE OF DEATH (Month) (Day) (Year) August 25 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 9th July 1899

9. AGE (In years last birthday) 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (City and State or Foreign Country) Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Gore

13b. MOTHER'S MAIDEN NAME Margaret Walls

14. NAME OF HUSBAND OR WIFE P. B. Seaton (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. B. Seaton Independence, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Auricular Fibrillation
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or conditions causing death. Psychotic Depressive Reaction

INTERVAL BETWEEN ONSET AND DEATH
2 days
years
2 days
4-20

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 8-19, 1954, to 8-25, 1954, that I last saw the deceased alive on 8-25, 1954, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE Paul Hines (Degree or title) M.D.

23b. ADDRESS 2625 W. Basco Kansas City, Mo.

23c. DATE SIGNED

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/27/54

24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. 8-26-54 REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Indep., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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

Harold E. Kandel

Licensed Embalmer No. 4609

P. O. Address Judys 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.