

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 18 1955

5228 State File No. 14920

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 5-5

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pleasant Hill <i>Rural</i>)		c. CITY OR TOWN Pleasant Hill	
c. LENGTH OF STAY (In this place) 15 Months		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. R.F.D. # 2		e. STREET ADDRESS (If rural, give location) R.F.D. # 2	

3. NAME OF DECEASED (Type or Print) Robert Henderson Seymour			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1955			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>married</i>	8. DATE OF BIRTH Oct. 26, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Peter, Minnesota		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John F. Seymour		13b. MOTHER'S MAIDEN NAME Mary Winona Henderson		14. NAME OF HUSBAND OR WIFE A lice Oldham Seymour	
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. 430-28-4486		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annette Tompkins 6025 Brookside Kansas City, Mo.	

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hepatic cirrhosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Diabetes mellitus</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Arteriosclerotic senility.</i> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>

19a. DATE OF OPERATION	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?

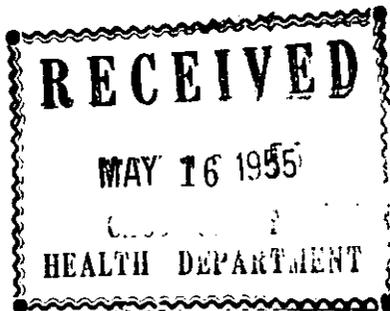
22. I hereby certify that I attended the deceased from 2-6-1954 to 5-9-1955, that I last saw the deceased alive on 18 April, 1955, and that death occurred at 6:37 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Overklein M.D.</i> (Degree or title)	23b. ADDRESS <i>Pleasant Hill, Mo</i>	23c. DATE SIGNED <i>5-11-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>5/11/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill Cem.</i>
		24d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Missouri</i>

DATE REC'D BY LOCAL REG. <i>May 13, 1955</i>	REGISTRAR'S SIGNATURE <i>Dora Barward</i>	457-1	25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond E. Stately</i> ADDRESS <i>Pleasant Hill, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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



MAY 24 1955

MAY 20 1955

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..... Signature of Student Embalmer

Signed Allen Brownfield

Licensed Embalmer No. 1378

P. O. Address Pleasant

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.