

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14985**

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5296 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRAYSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CRAYSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0250</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIMEON</u> b. (Middle) <u>Allen</u> c. (Last) <u>SEARCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1955</u>		
--	--	--	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 19 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 24 HRS. <u>24</u> Hours	Min.
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	----------------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>S. Allen Searee</u>	13b. MOTHER'S MAIDEN NAME -- <u>LAURA THOMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>MARY SEARCE</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X 499-18-4924</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Searee Crayson, Mo.</u>	ADDRESS <u>CRAYSON, MO.</u>
--	--	--	-----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>several yrs.</u>
	DUE TO (c) <u>2 cerebrovascular accidents</u>		<u>past 2 mos.</u>
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 <u>331 X</u>	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 3-23, 1955, to 5-13, 1955, that I last saw the deceased alive on 5-13, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>PT Luckenbill, M.D.</u>	23b. ADDRESS <u>Plattsburg, Mo.</u>	23c. DATE SIGNED <u>5-16-55</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG <u>May 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Searee</u>	441	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Lyon</u>	ADDRESS <u>Plattsburg, Mo.</u>
---	---	-----	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25

JUL 26 1956

APR 23 1956

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 _____

Daniel N. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.