

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34075

State File No.

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Eldon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 Colorado</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SEATON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 1, 1864</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>91</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Barnhart</u>	14. NAME OF HUSBAND OR WIFE <u>Moses E. Seaton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T.W. Seaton</u> ADDRESS <u>Eldon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis.</u>	
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 <u>1948</u> to <u>Oct 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 19</u> , 19 <u>55</u> , and that death occurred at <u>7:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Osheim</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Eldon Mo</u>	
23c. DATE SIGNED <u>Oct 21 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meta, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct 21, 55</u>	REGISTRAR'S SIGNATURE <u>Alvoretta Wall</u>	25. FUNERAL DIRECTOR'S SIGNATURE + ADDRESS <u>James D. Phillips Eldon</u>	

(Licensed Embalmer's Signature on Reverse Side)

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 Louis D. Phillips, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 36

P. O. Address Caldo

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.