

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36859

State File No. \_\_\_\_\_

FILED DEC 6 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4923

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1106 W. 46th St.</u>		e. STREET ADDRESS (If rural, give location) <u>1106 W 46th St. 3718</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret E.</u> b. (Middle) <u>Seenu</u> c. (Last) <u>Seenu</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13-1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-27-1879</u>	9. AGE (In years last birthday) <u>76 yrs.</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Askeosia Iowa Ia.</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>Peter Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret McMullen</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur E. Seenu</u>
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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 AND ADDRESS <u>Mrs. Helen Jaques 1106 W 46th St.</u>
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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>Cerebral Vascular Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senile Arterial Sclerosis</u>			<u>10 yrs</u>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>332+</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 19 55 to Nov 13 19 55 that I last saw the deceased alive on July 19 55 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William C. Van Buskirk</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1416 Professional Bldg</u>	23c. DATE SIGNED _____
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>11-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kans.</u>
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DATE REC'D BY LOCAL REG <u>11-14-55</u>	REGISTRAR'S SIGNATURE <u>newa minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Gibson's Low Fun Home B.K.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Win. C. Van Buskirk

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 *Phil C. Gibson*.....

Licensed Embalmer No. *3137*

P. O. Address *7500 St. Louis*

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.