

Health, Welfare & Public Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33111

FILED NOV 7 - 1956

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY ADOIR		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MISSOURI b. COUNTY CLARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		c. CITY OR TOWN Chambersburgh	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 10 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MARGARET <i>First Middle Last</i>			4. DATE OF DEATH 11 2 56 <i>Month Day Year</i>			
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5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-3-88	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY teaching (ret.)	11. BIRTHPLACE (City and state or country) Chambersburgh, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME J. A. SEAMAN	14. MOTHER'S MAIDEN NAME Elizabeth Wickell
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (a. no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT George W. Seaman, Baton Rouge, La. Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Paralysis of 10th cranial nerve		13 days
	DUE TO (c) Lymphosarcoma of right tonsil		10 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pituitary enlargement of unknown cause		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2001	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8/13/56** to **11/2/56** and last saw her ~~when~~ alive on **11/2/56**
Death occurred at **10:20 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Keller, D.O.	22b. ADDRESS Herkville, Mo.	22c. DATE SIGNED 11/3/56
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23a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11/3/56	23c. NAME OF CEMETERY OR CREMATORY Chambersburgh Cem.	23d. LOCATION (City, town, or county) (State) CLARK Co. MO
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24. FUNERAL DIRECTOR Harris + Harris, Herkville, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 11-3-56	26. REGISTRAR'S SIGNATURE Kate Lambert
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 2 1951

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 *Robert B. Davis*

Licensed Embalmer No. *42*

P. O. Address *Kirksville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.