

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38370

State File No.

FILED NOV 29 1956

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>522</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>66 years</u>		c. CITY OR TOWN <u>Kansas City, Independence</u>		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 <u>Indep. Nursing Home 1400 River</u>				e. STREET ADDRESS (If rural, give location) <u>209 S. Forest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>			b. (Middle) <u>N.</u>		c. (Last) <u>Seevers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 31, 1890</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Jackson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rodney I Seevers</u>			13b. MOTHER'S MAIDEN NAME <u>Ludy Jane Yates</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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>492-14-6029</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence Moss Kansas City, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Prostatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>6-26-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of prostate 177X</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) <u>Jackson County, Mo.</u>			
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>June 26, 1956</u> , to <u>11-17, 1956</u> , that I last saw the deceased alive on <u>11-14, 1956</u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>George Carson MD</u>				23b. ADDRESS <u>10901 Wenden Rd.</u>		23c. DATE SIGNED <u>11-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leob Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-25-56</u>		REGISTRAR'S SIGNATURE <u>James Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson & Sons</u>		ADDRESS <u>Indep. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *[Handwritten Signature]*

Licensed Embalmer No. 2247
P.O. *[Handwritten]*

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.