

Public Health Service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1107**

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Loftin Rest Home		Length of stay in 1b 10 Months	d. STREET ADDRESS (If outside, give location) 302 East Ohio St.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROBERT First Middle Last Seaton			4. DATE OF DEATH Jan. 5, 1957 Month Day Year		
5. SEX Male	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 Sept. 20, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 3 Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harden Co. Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Seaton			14. MOTHER'S MAIDEN NAME Mary Ellen Lambright		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Maurice Seaton, Urich, Mo. RFD #1,		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale (congestive heart failure) Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 4500 yrs 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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <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 4-1-56 to 1-6-57 and last saw her ^{her} _{him} alive on 1-5-57 Death occurred at 6:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Wm Sanderwitz MD</i>			22b. ADDRESS Clinton, MO.		22c. DATE SIGNED 1-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 7, 1957	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		23d. LOCATION (City, town, or county) (State) Urich, Mo. Rural	
24. FUNERAL DIRECTOR ADDRESS W. A. Housant, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 1-7-57	26. REGISTRAR'S SIGNATURE Mildred Bigum		

(Licensed Embalmer's Statement 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 Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. A. Tausant*

Licensed Embalmer No. *31*

P. O. Address *Clinto*

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.