

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35088**

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>946</u>		
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY OR TOWN <u>NORBORNE</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>Atwood Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>RFD.</u> 0170				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANTHONETTE</u> c. (Last) <u>SEBASTIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 25-1957</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>		8. DATE OF BIRTH <u>MAY 16-1864</u>		
9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Combs-Twp. Carroll Co. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>WILL SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY SEBASTIAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs LURA B. TWEEDIE Norborne Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease with Complete Heart Block.</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</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>4200</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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>Oct 19</u> , 1957, to <u>Oct 25</u> , 1957, that I last saw the deceased alive on <u>Oct 25</u> , 1957, and that death occurred at <u>11 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John H. Platy</u>		(Degree or title) <u>MS</u>		23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>10-26-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIR HEAVEN</u>		24d. LOCATION (City, town, or county) (State) <u>NORBORNE MO.</u>		
DATE REC'D BY LOCAL REG. <u>10-27-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Albert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Triserson Funeral Home Bogard, Mo</u>				

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

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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.....
P. M. Marshall

Licensed Embalmer No. *486*

P. O. Address *Camroes*

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.