

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001116
STATE FILE NUMBER

JAN 12 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 1

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 Windsor		c. CITY OR TOWN Windsor 420 Inside Limits' Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) 510 N. Main	
Length of stay in lb 42 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lillie Middle L. Last Sea			4. DATE OF DEATH Month Jan. Day 1 Year 1959		
5. SEX Fe	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1870	9. AGE (In years, months, days) 88	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jasper Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry F. Fox			13b. MOTHER'S MAIDEN NAME Sarah Mitchell			14. NAME OF HUSBAND OR WIFE Frank Sea	

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 Frank Sea		Address Windsor, Mo.	
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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) Heart failure, Congestive Pulmonary, fibrosis			INTERVAL BETWEEN ONSET AND DEATH 10 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) unknown		unknown		
	DUE TO (c) Arteriosclerosis, generalized		unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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, 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 Windsor		COUNTY Henry		STATE Mo.	
21. I attended the deceased from 26 Dec. 1958 to 1 Jan., 1959 and last saw her alive on 7:30 pm Jan 1959 Death occurred at 11:15 P. m. of the date stated above; and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE Bernard Brack, M.D.				22b. ADDRESS 116 So. Main Windsor, Missouri				22c. DATE SIGNED 3 Jan 1959	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-4-1959		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak		23d. LOCATION (City, town, or county) (State) Windsor Mo.			
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24. FUNERAL DIRECTOR Ellis Huston			ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 1-6-59		26. REGISTRAR'S SIGNATURE Mildred Bigum		
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 17 1959

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 *Clifford Gouge*

Licensed Embalmer No. *5014*
P. O. Address *Windsor, Mo.*

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.