

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009648

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1516

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1334 Central			Length of stay in lb 15 yrs		d. STREET ADDRESS (If outside, give location) 1334 Central		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Champ W. Seratt				4. DATE OF DEATH Month Day Year March 22, 1959									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 29, 1915		9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nicut, Oklahoma			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Sam Seratt				13b. MOTHER'S MAIDEN NAME Lue Seabolt				14. NAME OF HUSBAND OR WIFE Gretchen Iris Seratt					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes WW II				16. SOCIAL SECURITY NO. 497-01-7957		17. INFORMANT Address Mrs. Gretchen Iris Seratt, 1334 Central. Mo K.C.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subar Pneumonia</i>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		COUNTY		STATE					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>B. W. Seabolt, Deputy Coroner</i>						22b. ADDRESS <i>6677 Proctor St. Cmo</i>			22c. DATE SIGNED <i>3-22-59</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-24-59		23c. NAME OF CEMETERY OR CREMATORY Seabolt Cemetery			23d. LOCATION (City, town, or county) Nicht, Oklahoma			(State)			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, 20 W. Linwood				25. DATE RECD. BY LOCAL REG. 3-23-59		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>							

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

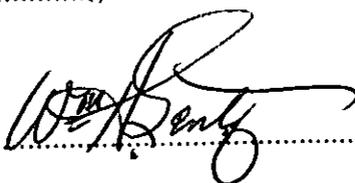
Geo. C. Kealhofer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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



Licensed Embalmer No. 5038

P. O. Address K. C. 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.