

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028110

FILED VS AUG 24 1959 30

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>BENTON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fristoe Township</u>		a. STATE <u>MO</u>		b. COUNTY <u>Benton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile south Warsaw U.S. Highway 65</u>		Length of stay in lb <u>minutes</u>		c. CITY OR TOWN <u>Rural Warsaw</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>5 miles S & E.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Ruth</u>		Middle <u>ETHLYN</u>		Last <u>SEAGER</u>		Month <u>Aug</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 1, 1925</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Ocheltree, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Floyd Gillihan</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Camero.</u>			14. NAME OF HUSBAND OR WIFE <u>William J. Seager</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-16-6906</u>		17. INFORMANT <u>Edwin W. Gillihan</u>		Address <u>132 1/2 mld office Olathe, Kansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Exsanguination</u>							<u>1 hr.</u>
DUE TO (b) <u>Gun-shot wound in upper right chest</u>							<u>1 1/2 hr.</u>
DUE TO (c) <u>Felony (verdict of Coroner's jury)</u>							<u>1 3/4 hr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.		
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>shot with a .30-40 Krag rifle.</u>					
20c. TIME OF INJURY <u>4:30 PM</u>	Hour <u>8-19-59</u>	Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>		20f. CITY, TOWN, OR LOCATION <u>Fristoe Township, Benton, Mo.</u>		COUNTY <u>Benton</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Dead on arrival</u> and last saw her <u>alive on 8-20-59</u>							
Death occurred at <u>5:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u>				22b. ADDRESS <u>Warsaw, Mo.</u>		22c. DATE SIGNED <u>8-20-59</u>	
22a. SIGNATURE <u>Benton County Coroner</u>		22b. ADDRESS <u>Warsaw, Mo.</u>		22c. DATE SIGNED <u>8-20-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removable</u>	23b. DATE <u>Aug 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Olathe Cemetery</u>		23d. LOCATION (City, town, or county) <u>Olathe, Kansas</u>		(State)	
24. FUNERAL DIRECTOR <u>John F. Reser</u>		ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 21-1959</u>		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Reser

Licensed Embalmer No. 4090

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.