

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038940

FILED VS NOV 16 1959

38

Registration District No. Primary Registration District No. 3006

Registrar's No. 552

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo.		Length of stay in 1b Month		c. CITY OR TOWN Jefferson 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 University of Mo. Medical Center			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1501 Green Berry Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Lester Middle Gramley Last Seacat				4. DATE OF DEATH Month Nov. Day 11 Year 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 7-4-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer			10b. KIND OF BUSINESS OR INDUSTRY LAW		11. BIRTHPLACE (City and state or country) Kinsley, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.									
13a. FATHER'S NAME George M. Seacat			13b. MOTHER'S MAIDEN NAME Rose Gramley			14. NAME OF HUSBAND OR WIFE May Seacat										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-16-8230		17. INFORMANT Hospital Records				Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral thrombosis							INTERVAL BETWEEN ONSET AND DEATH									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) encephalo malacia		DUE TO (c) cerebral hemorrhage			5 wks.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Craniotomy 7 oct and reexploration 13 oct '59						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 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 s.m. p.m.			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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4 oct '59 to 11 November and last saw him alive on 11 Nov. '59 Death occurred at 9:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE J. R. Ellis, MD.				22b. ADDRESS U. of Missouri Medical Center				22c. DATE SIGNED 12 Nov '59								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-14-59		23c. NAME OF CEMETERY OR CREMATORY Pinnacle		23d. LOCATION (City, town, or county) (State) Jefferson City Mo										
24. FUNERAL DIRECTOR Thorge J. Gordon, Jefferson City, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 12, 1959		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer										

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 18 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 Gideon N. Hanner

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.