RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-007181

STATE FILE NUMBER

FILED VS FEB 16 1960

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 39 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 706 Missouri Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 706 Missouri Ave. (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle WINFIELD Last SEALS
4. DATE OF DEATH Month February Day 8 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-17-1889
9. AGE (last birthday): 70
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): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Rothville, Missouri USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Winfield E. Seals
13b. MOTHER'S MAIDEN NAME: Margaret - - - - - - -
14. NAME OF HUSBAND OR WIFE: Nancy Ellen Seals
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-10-3257
17. INFORMANT: Mrs. J. W. Seals; 706 Missouri Address: Chillicothe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary artery disease	unknown
DUE TO (c)	Hypertensive cardiovascular disease	unknown

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 26 1960 to Feb. 8, 1960 and last saw him alive on Feb. 8, 1960
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William L. Fair (Degree or title) M.D.
22b. ADDRESS Chillicothe, Mo.
22c. DATE SIGNED 2/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-10-60
23c. NAME OF CEMETERY OR CREMATORY: Resthaven
23d. LOCATION (City, town, or county) (State): Chillicothe, Missouri

24. FUNERAL DIRECTOR: Norman Funeral Home ADDRESS: Chillicothe, Missouri
25. DATE RECD. BY LOCAL REG.: 2/9/60
26. REGISTRAR'S SIGNATURE: Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Elton Norman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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