

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006077

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 283

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 4 1963	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>1 day</u>	
c. CITY OR TOWN <u>Fordland</u> Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Drs Memorial Hospital, Inc.</u> Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Seely</u> Last <u>Seely</u>	
4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>5-28-1878</u>	9. AGE (last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>Rock Rapids, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Edgar Seely</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Whitmore</u>
14. NAME OF HUSBAND OR WIFE <u>Mrs. Grace Seely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) <u>no</u>	16. SOCIAL SECURITY NO.
17. INFORMANT <u>Mrs. Grace Seely - Fordland, Mo.</u>	Address
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). <u>Acute Myocardial Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b). <u>Cardiac Hypertrophy.</u> <u>Unknown</u>	
DUE TO (c). <u>Arteriosclerosis.</u> <u>Unknown</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 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	
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 <u> </u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>2-19-63</u> to <u>2-20-63</u> and last saw her/him alive on <u>2-20-63</u> Death occurred at <u>2-20-63</u> <u>10:17 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Harry R. Agnew D.O.</u>	22b. ADDRESS <u>700 E. Sunshine - Springfield, Mo.</u>
22c. DATE SIGNED <u>2-20-1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB 24 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>SEYMOUR MISSOURI</u>	
24. FUNERAL DIRECTOR <u>Kelley Ferrell Fordland, MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-26-63</u>
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

DATE AMENDED
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300
 Rev. 4/59
 10397
 2120
 3
 4 0
 5 1
 6
 7 1
 8 0
 94500
 10
 11
 123-2
 13

USE BLACK INK OR TYPEWRITER RIBBON

Print 2-25-63

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 Mr. K. Jewell

Licensed Embalmer No. 4910

P. O. Address Rogersville, 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.