

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Esther</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Esther</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Mr. Luther</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Seel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 11 - 1874</u>	9. AGE (In years last birthday) <u>76 yrs 10 days</u>	# UNDER 1 YEAR Months Days	# UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve County, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Mr. James Seel</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Julia Goussard</u>		14. NAME OF HUSBAND OR WIFE <u>Miss Lucy White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Emma Mae Barton - 5th St. Esther, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>3 years</u> <u>2317</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1950 to Sept 21, 1950 that I last saw the deceased alive on Sept 21, 1950, and that death occurred at 10:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. M. Stansfield D.D.S.</u>	23b. ADDRESS <u>Forreston Mo</u>	23c. DATE SIGNED <u>9/25/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Bonnie Lane / Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Sept 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood - 303 Crane St. Glad River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE NO. 4

OCT - 2 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *303 Prairie St. Flat River, 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 this body is not embalmed, fact should be so stated above.