

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 90013984

STATE FILE NUMBER

VS 300
Rev. 4/59

1 40.31

2 0940

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12 43-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy

Length of stay in 1b
2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normady Osthopedic

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois

c. CITY OR TOWN Elvin

d. STREET ADDRESS (If outside, give location)
109 Shaw Street

Inside Limits
Yes ☒ No ☐
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Gentry

Middle N.

Last Seal

4. DATE OF DEATH

Month March Day 9 Year 1965

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12-27-1882

9. AGE (last birthday)
82

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lead Miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Piedmont, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Seal

13b. MOTHER'S MAIDEN NAME

Polly A. Mann

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
403-03-9372

17. INFORMANT
Alice Riger Elvins, Missouri

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)

Overwhelming Toxemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Common Plant Obstruction

DUE TO (c)

Ischemic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility

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.

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 2-24-65 to 3-9-65 and last saw her/him alive on 3-8-65
Death occurred at 1:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

7824 N. Main St. Bridge

22c. DATE SIGNED

3-10-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3-11-65

23c. NAME OF CEMETERY OR CREMATORY

I. O. O. F.

23d. LOCATION (City, town, or county)

Doe Run, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Caldwell Funeral Home Flat River, Mo.

25. DATE RECD. BY LOCAL REG.

3-10-65

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.