

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN ATTENDANT STATE DEATH MEDICAL CERTIFICATE. IF CIAN HANCE, HIF CER (OR) ER, IF IN Q1952 HELD) OM- PLETE MEDICAL TION. PC NATURE DELEGAT

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. \* THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.

FORM 120

7991 60 0003 BIRTH NO.		DEPARTMENT OF PUBLIC HEALTH		157 STATE OF TENNESSEE COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS		DIVISION OF VITAL STATISTICS		52-18908 DEATH NO.	
1. NAME Robert Frederick Seaton FIRST MIDDLE LAST				2. DATE OF DEATH August 7, 1952 MONTH DAY YEAR					
3. COLOR OR RACE White	4. SEX Male	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Single	6. DATE OF BIRTH 9-20-89 MONTH DAY YEAR	7. AGE (IN YEARS LAST BIRTHDAY) 62	8. IF UNDER 1 YR. MONTHS DAYS	9. IF UNDER 24 HRS. HOURS MINS.			
B. PLACE OF DEATH A. COUNTY Shelby C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Memphis				B. CIVIL DISTRICT 5th. D. LENGTH OF STAY IN THIS PLACE 19 days		D. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE Ark. B. COUNTY Jackson C. CIVIL DISTRICT D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) Newport			
E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) VAMTG, Kennedy Hospital				E. STREET (IF RURAL, GIVE LOCATION) ADDRESS Room 17, Wood Building					
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Janitor				10B. KIND OF BUSINESS OR INDUSTRY		11. SOCIAL SECURITY NUMBER Unknown			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN Yes				13. BIRTHPLACE (State or Foreign Country) Jonesboro, Arkansas		14. CITIZEN OF WHAT COUNTRY? U. S.			
15. FATHER'S NAME Robert F. Seaton			16. MOTHER'S MAIDEN NAME Alice Bowie		17. INFORMANT ADDRESS VA Hospital Records				
MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Carcinoma of pancreas with metastasis to liver, lungs, and skeletal system. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) DUE TO (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (C) 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH								About 3 yrs. 157 199.8	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20A. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20B. FINDINGS AT AUTOPSY See reverse 2		
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Building, etc.)		21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE		21D. TIME OF INJURY MONTH DAY YEAR HOUR			
21D. TIME OF INJURY		21E. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		SEP 12 1952			
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE M.D. OTHER (SPECIFY) X VAMTG, Kennedy Hospital Memphis 15, Tennessee				STATE HEALTH DEPT 8-7-52					
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		23B. DATE OF BURIAL, CREMATION, OR REMOVAL 8-7-52		23C. NAME OF Cemetery or Crematory Walnut Grove		23D. LOCATION CITY, TOWN OR COUNTY, STATE Newport, Ark.			
24. FUNERAL DIRECTOR ADDRESS Newport Funeral Home, Newport, Ark.		25. REGISTRATION LOCAL REG. DIST. NO. 791		26. DATE SIGNED BY AUG 12 1952		27. REGISTRAR'S SIGNATURE L. M. Graves			

By Sue Locken Deputy

V. A.

SEP 18 1952

11/27/32

#18908

ADDITIONAL INFORMATION BY PHYSICIAN.

Autopsy findings: 1. Carcinoma of pancreas with metastasis to the bone, heart,  
and lymph nodes.

2. Generalized arteriosclerosis.

3. Right inguinal hernia, (clinical history).

4. Congestion lungs, spleen, kidneys and brain.
