



WINFIELD DUNN
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Eugene W. Fowinkle, M.D., MPH
Commissioner

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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE DEATH NO. 52-18908

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1. NAME: Robert Frederick Seaton 2. DATE OF DEATH: August 7, 1952

3. COLOR OR RACE: white 4. SEX: Male 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Single 6. DATE OF BIRTH: 9-20-89 7. AGE (IN YEARS LAST BIRTHDAY): 62

8. PLACE OF DEATH: A. COUNTY: Shelby B. CIVIL DISTRICT: 5th. 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission): N-R A. STATE: Ark. B. COUNTY: Jackson C. CIVIL DISTRICT: N-R

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Memphis D. LENGTH OF STAY IN THIS PLACE: 19 days D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Newport

E. NAME OF HOSPITAL OR INSTITUTION: VAMTC, 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: N-R 11. SOCIAL SECURITY NUMBER: Unknown

12. WAS DECEASED EVER IN U.S. ARMED FORCES? 770444 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

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: DUE TO (B) MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) 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

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 20A. AUTOPSY: YES NO 20B. FINDINGS AT AUTOPSY: See reverse 2

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY): 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.): 21C. PLACE OF INJURY: CITY, TOWN OR RURAL: COUNTY: STATE: RECEIVED

21D. TIME OF INJURY: MONTH: DAY: YEAR: HOUR: 21E. INJURY OCCURRED: WHILE AT WORK NOT WHILE 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): STATE HEALTH DEPT: ADDRESS: VAMTC, Kennedy Hospital Memphis 15, Tennessee 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 DIST. NO.: 791 26. DATE SIGNED BY: AUG 12 1952 27. REGISTRAR'S SIGNATURE: L.M. Graves

By: Sue Lackey Deputy

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

Eugene W. Fowinkle
Commissioner

ISSUED NOV 27 1972
Eugene Hall

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DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS

157 STATE OF TENNESSEE DEATH NO. 52-18908

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1. NAME **Robert Frederick Seaton** 2. DATE OF DEATH **August 7, 1952**

FIRST MIDDLE LAST 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** 7. AGE (IN YEARS LAST BIRTHDAY) **62** 8. IF UNDER 1 YR. MONTHS 9. IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY **Shelby** B. CIVIL DISTRICT **5th.** C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis** D. LENGTH OF STAY IN THIS PLACE **19 days** 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) **N-R** A. STATE **Ark.** B. COUNTY **Jackson** C. CIVIL DISTRICT

E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **VAMTG, Kennedy Hospital** F. 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** IF YES, GIVE WAR AND DATE **7 years in service 2-31-18** 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 Bowle** 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.** About **3 wks.** 157 194.8

ANTECEDENT CAUSES DUE TO (B)

HORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C)

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY **See reverse 2**

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office, Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE 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 **[Signature]** M.D. OTHER (SPECIFY) **[X]** ADDRESS **VAMTG, Kennedy Hospital Memphis 15, Tennessee** STATE HEALTH DEPT. **8-7-52**

23A. BURIAL, CREMATION, OR 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 DIST. NO. **791** 26. DATE SIGNED BY LOCAL REG. **AUG 12 1952** 27. REGISTRAR'S SIGNATURE **[Signature]**

By **[Signature]** Deputy

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 IN COMPLETE MEDICAL NATURE DELEGATE

IN IT OF ON CA- SI- ND- AN- ER- VAB- DM- GN- ICA- SIG- BE

01908X952

CAUSE OF DEATH. ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, AS- THENIA, 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.

V. A.

SEP 18 1952

11/27/72

#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.
