

WINFIELD DUNN

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH

NASHVILLE 37219

Eugene W. Fawinkle, M.D., M.P.H.

I. NAME Robert	Frederick	Seaton	2. DATE OF DEAT	rh August 7, 1952		
3. COLOR 4. SEX 5. SII OR RACE, ite Male	NGLE, MARRIED, WIDOWED, 6. DATE VORCED (SPECIFY) Single BIRTH	9-20-89	AST BIRTHDAY) MON	THS DAYS HOURS MINS		
8. PLACE OF DEATH A. COUNTY Shelby C. CITY OR TOWN (1F OUTSIDE CITY LIMITS.	IN THIS PLACE	A. STATE Ark. D. CITY OR TOWN	B. COUNTYJAC IF OUTSIDE CITY LI	here Deceased Lived. If Institution and the Son C. CIVIL DISTRICT MITS, WRITE RURAL)		
OR INSTITUTION Give Street Ad	oltal or Institution, dress and Location)	Newport  E. STREET (IF RURAL, GIVE LOCATION) ADDRESS ROOM 17. Wood Building				
Janitor  12. WAS DECEASED EVER IN U.S. AR	I I WIN UN	SUSINESS OR INDUSTR		SOCIAL SECURITY NUMBE Unknown OF WHAT COUNTRY?		
EDECIEV VEC NO IF VES GI	VE WAR AND	ro. Arkansas	U. S			
5. FATHER'S NAME	16. MOTHER'S MAIDEN NAME Alice Bowie	17. INFORMA	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	ADDRESS		
	MEDICAL CERTIFICATION	N .		ONSET AND DEAT		
8. CAUSE OF DEATH 1. DISEASE OR CONDITION DI- RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Carcinoma of political liver, lungs,	ancreas with	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	ONSET AND DEAT		
1. DISEASE OR CONDITION DI- RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE	(A) Carcinoma of population (B)  DUETO (B)  DUETO (C)  DNS EDEATH BUT NOT	ancreas with	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	ONSET AND DEAT		
1. DISEASE OR CONDITION DI- RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  2. OTHER SIGNIFICANT CONDITIO CONDITIONS CONTRIBUTING TO THE RELATED TO THE DISEASE OR COND	(A) Carcinoma of particle (B)  DUE TO (B)  DUE TO (C)  DNS  EDEATH BUT NOT ITION CAUSING DEATH	ancreas with and skeleta	l system.	INTERVAL BETWEE ONSET AND DEAT 1978  About 311 1978  208. FINDINGS AT AUTOP See reverse 2		
RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  2. OTHER SIGNIFICANT CONDITION CONDITIONS CONTRIBUTING TO THE	(A) Carcinoma of particle (A) Liver, lungs, DUE TO (B)  DUE TO (C)  ONS E DEATH BUT NOT ITION CAUSING DEATH OR FINDINGS OF OPERATION  21B. PLACE OF INJURY (In or About Home, Parm, Factors, Street, Office; Beffd'e, etc.)	ancreas with and skeleta	L system.	About 377		
1. DISEASE OR CONDITION DI- RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  2. OTHER SIGNIFICANT CONDITIO CONDITIONS CONTRIBUTING TO THI RELATED TO THE DISEASE OR COND  9A. DATE OF OPERATION 19B. MAJO  11A. ACCIDENT SUICIDE HOMICIDE 11D. TIME MONTH DAY YEAR OF INJURY	Carcinoma of per liver, lungs, DUE TO (B)  DUE TO (C)	ancreas with and skeleta	L system.	onset and deat  a to About 311  197.8  208. FINDINGS AT AUTOP See reverse 2  RAL COUNTY STATE		
1. DISEASE OR CONDITION DI- RECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  2. OTHER SIGNIFICANT CONDITIO CONDITIONS CONTRIBUTING TO THI RELATED TO THE DISEASE OR COND  9A. DATE OF OPERATION 19B. MAJO  11A. ACCIDENT SUICIDE HOMICIDE 11D. TIME MONTH DAY YEAR OF INJURY	(A) Carcinoma of political control of the control o	and skeleta	L system.	SEP 12 1002		

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.

Commissioner

THIS BECOMES A LE-	2991 60 DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VI 0003 57 STATE OF TENNESSEE 600 PERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO.	TAL STATISTICS 52-18908
PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.		ATH August 7, 1952
WHEE PLAINLY WITH PERMANENT INK OR	RACEWHITE MAIE Single Sinth 9-20-39 02	NTHE DAYS HOURS NINE.
TYPEWRITER.	A. COUNTY Shelby DISTRICT 5th. A. STATE Ark. B. COUNTY Jac. CITY OR TOWN (IF OUTSIDE CITY LINES, WRITE RURAL) D. LENGTH OF STAY D. CITY OR TOWN (IF OUTSIDE CITY LINES, WRITE RURAL)	ckson c.civil.district
PHYBICIAN IN ATTENDAN IT DEATH OF SMEDICAL SA	Memphis 19 days Newport	0
MEDICAL A. TION, 1F SI- CIAN 10 ID ANGE, HS® IFI CER (OFX) ER,	VAMTG, Kermedy HOSDITal  10A. USUAL OCCUPATION (Qire Kind of Work Done During Most of Working Life, living it Medical 10B. KIND OF BUSINESS OR INDUSTRY 11.	ilding social security NUMBER Unknown
HELD) NO GN GN GN GAN	JEINILOP  12. WAS DECEASED EVER IN U.S. ARMED FORCEST / 13. BIRTHPLACE (State or Foreign Country)  14. CITIZEN  15. WAS DECEASED EVER IN U.S. ARMED FORCEST / 13. BIRTHPLACE (State or Foreign Country)  14. CITIZEN	N OF WHAT COUNTRY?
NATURE DELEGAL		ADDRESS S
	MEDICAL CERTIFICATION	ONBET AND DEATH
CAUSE OF DEATH.		
ENTER ONLY ONE CAUSE PER LINE FOR	PROTECTIVE ADDRESS OF THE CAMPINOMO OF TONOTION WITH MATCHERS	is to About Swies.
A. B. C. THIS DOES NOT MEAN MODE OF	ANTECEDENT CAUSES liver, lungs, and skeletal system.	1372
DYING SUCH AS HEART FAILURE, AS- THENIA, ETC. IT MEANS THE DISEASE,	MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A)	
INJURY OR COMPLI-	STATING THE UNDERLYING CAUSE LAST.	199.8
MEANS THE DIBEASE, INJURY OR COMPLI- CATION WHICH CAUSED DEATH,	#TATING 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	27.74
INJURY OR COMPLI- CATION WHICH CAUSED DEATH, FUNERAL DIRECTOR OR PERSON DISPOS-	20. AUTOPSY  196. DATE OF OPERATION  2. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  207. AUTOPSY  YES XX NO	208. FINDINGS AT AUTOPSY See reverse 2
INJURY OR COMPLICATION WHICH CAUSED DEATH,  FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72	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 XX NO  21A. ACCIDENT SUICIDE HOMICIDE  21B. PLACE OF INJURY (Ib or About SUICIDE HOMICIDE  21C. PLACE OF INJURY CITY, TOWN OR RE	208. FINDINGS AT AUTOPSY See reverse & URAL COUNTY STATE
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 RE-	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  2. OTHER SIGNIFICANT CONDITIONS RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  2. OTHER SIGNIFICANT CONDITIONS PLACE OF INJURY (15 or About SUICIDE CONTRIBUTION)  2. OTHER SIGNIFICANT CONDITIONS PAGE AND CONTRIBUTION CONTRIBUTIONS PAGE AND CONTRIBUTION CONTRIBUTIONS 2. OTHER SIGNIFICANT CONTRIBUTION CONT	208. FINDINGS AT AUTOPSY See reverse 2 URAL COUNTY STATE SEP 12 200
INJURY OR COMPLICATION WHICH CAUSED DEATH.  FUNERAL DIRECTOR OR PERSON DISPOSING OF BODLY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COM-	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  21A. ACCIDENT SUICIDE HOMICIDE  21B. PLACE OF INJURY (Ib or About Home, Parm, Packers, Stayes, Office) Public 8: 40.)  21D. TIME MONTH DAY YEAR HOUR 21E INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOT WHILE AT WORK AT WORK  22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND PROM THE CAUSE STATED ABOVE ADDRESS VANTURE  18A ATURE  19A DATE OF OPERATION 20A. AUTOPSY YES EXTRACT.  21B. PLACE OF INJURY OF INJURY OF INJURY OF INJURY OCCUR?  WHILE NOT WHILE AND PROM THE CAUSE STATED ABOVE ADDRESS VANTURE  18A ATURE YES TOTHER AND PROM THE CAUSE STATED ABOVE ADDRESS VANTURE  18B ATURE YES EXTRACT.  19A AUTOPSY YES EXTRACT.  21B PLACE OF INJURY OF INJURY OF INJURY OCCUR?  WHILE AND PROM THE CAUSE STATED ABOVE ADDRESS VANTURE  18B ATURE YES EXTRACT.	See reverse 2  URAL COUNTY STATE  EASTER  SEP 12 12 12 12 12 12 12 12 12 12 12 12 12
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 RE-	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  21A. ACCIDENT (SPECIFY) 21B. PLACE OF INJURY (Ib or About SUICIDE Come, Parm, Packer, Struct. Office Build's, vio.)  21A. ACCIDENT (SPECIFY) 21B. PLACE OF INJURY (Ib or About SUICIDE Come, Parm, Packer, Struct. Office Build's, vio.)  21D. TIME WONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILLE NOT WHILE	SEP 12 POPER STATE
FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.	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  21A. ACCIDENT (SPECIFY) 21B. PLACE OF INJURY to et About 21C. PLACE OF INJURY CITY, TOWN OR RE CONDITIONS OF THE DISEASE OF CONDITION OF THE DATE AND PROM THE CAUSE STATED ABOVE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK ADDRESS VAMTURE  23A. BURIAL, CREMATION 22B DATE OF BURIAL, CRE. 23C NAME OF CEMERATOR 25D, DECENTION CREMOVAL (SPECIFY) MATION, OR REMOVAL REMOVAL (SPECIFY) REGISTION 26 DATE SIGNED BY 27, REGIST.	208. FINDINGS AT AUTOPSY See reverse 2  URAL COUNTY  SEP 12 12  HAIE BEALIN PARE ital ee 8-7-52  TV. TOWN OR COUNTY  STATE  ATL

V. A.

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DDITIONAL INFORMATION BY PHYSICIAN.									: 3el Verilani	
Autopsy	findings:	1.	Carcinoma of pa	ancreas w	ith me	astasi	s to	the bor	ne, ĥear	rt,
	. *		and lymph nodes	5.						
	· "•	2.	Generalized ar	terioscle	rosis.					
	<u> </u>	3.	Right inguinal	hernia,	(clini	eal his	tory)	•	8 532	mogar k
*	<del></del>	4.	Congestion lung	s, splee	n, kidi	neys an	d bra	in.		
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