REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17934
Do not use this space.

1. PLACE OF DEATH
(a) County: Cape
(b) Township: Cape
(c) City: Cape Girardeau, Mo.
Registration District No.: 125
Primary Registration District No.: 3009
Registered No.: 150
(d) Street No.: 542 South Hanover St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Daniel R Seabaugh
(a) Residence, No.: 542 South Hanover St. Cape Gir., Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E Samples
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1863.
7. AGE: 75 YEARS, 2 MONTHS, 7 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville, Missouri.

FATHER
13. NAME: Joseph Seabaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville, Missouri.

MOTHER
15. MAIDEN NAME: Nancy Crites
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedgewickville, Missouri.

17. INFORMANT: Mrs. O. A. Cook
(ADDRESS): 542 South Hanover St.
18. BURIAL, CREMATION, OR REMOVAL: Sedgewickville Cem. DATE May 27, 1938
PLACE: Sedgewickville, Mo.
19. FUNERAL DIRECTOR (NAME): Haman's Funeral Home
(ADDRESS): Cape Girardeau, Mo.
20. FILED 5-25, 1938 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to May 25, 1938.
I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hf Insufficiency	
Arterio sclerosis	
Brain Deterioration	
Other contributory causes of importance:	
Flu - Bronchi pneumonia	Dec 37

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Wright, M. D.
(Address) Cape Girardeau

Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

On. Cop

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Laurence L. Haman

Licensed Embalmer No. 2863.

P. O. Address Cape Girardeau M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.