

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Cape Girardeau**

(c) Name of hospital or institution: **Lumber Co. So. Cape 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **21 yrs.** (Specify whether years, months or days)

In this community **21 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Cape Girardeau, Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **South Sprigg St. 4**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **no.**

3. (a) PRINT FULL NAME **Wiley Thomas Seabaugh**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **490-05-6139**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19** year **1944** hour **8** minute **30 a.m.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rada**

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: **Dec 5 1886**
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **57** Months **2** Days **14** If less than one day _____ hr. _____ min.

Due to **Coronary Occlusion + Broken Neck**

Due to **Had heart attack + fell off wagon backing his truck**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace **Sedgwickville, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Lumber mill worker**

11. Industry or business **Business**

12. Name **Wiley Seabaugh**

13. Birthplace **Sedgwickville, Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Cordelia Staller**

15. Birthplace **Sedgwickville, Mo** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 115**

(b) Date of occurrence **Feb. 19 1944**

(c) Where did injury occur? **Cape Girardeau, Cape Gir. Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Lumber Lumber Co.**

While at work? **yes** (Specify type of place) **Off from wagon**

(e) Means of injury _____

16. (a) Informant **wife - Mrs. W. P. Seabaugh**

(b) Address **Cape Girardeau, Mo**

17. (a) **Burial** (b) Date thereof **Feb. 21 44** (Month) (Day) (Year)

(c) Place: burial or cremation **Sedgwickville, Mo**

18. (a) Signature of funeral director **W. H. Seabaugh**

(b) Address **Cape Girardeau, Mo**

19. (a) **2-24-44** (Date received local health officer's certificate)

(b) **F. H. Phelps** (Registrar's signature)

23. Signature **Dr. J. F. Sigmund** (M.D. or other) **Coroner**

Address **Jackson, Mo.** Date signed **2/19/44**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Public Health Officer No. 4
District File Number 344-35
Date Filed 3-9-44

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 *Glenn Wilson*

Licensed Embalmer No. *2828*

P. O. Address *Jackson MO*

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

If this body is not embalmed, fact should be so stated above.