

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41953**

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

S. No. 300
v. 10.48

FILED JAN 6 1950

BIRTH NO. REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5900** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Demiseat			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Demiseat		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grabler		c. LENGTH OF STAY (in this place) 3 mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grabler		d. STREET ADDRESS (If rural, give location) Box 115 -
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Seabey			4. DATE OF DEATH (Month) (Day) (Year) Dec 25-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10-1889	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Days 9 Hours 15
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Caruthersville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME John Seabey		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ruby Seabey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS Ruby Seabey Grabler, Mo.		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 4 to 6 mo. DUE TO (c) Cardiac Hypertrophy with Mitral & Aortic incompetence				INTERVAL BETWEEN ONSET AND DEATH 2 days 1 to 2 yrs. 4343
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify).		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-23-1949 , to 12-25-1949 , that I last saw the deceased alive on 12-25-1949 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.			23b. ADDRESS Braggadocio Mo.		23c. DATE SIGNED 12-26-49.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-27-49	24c. NAME OF CEMETERY OR CREMATORY Marshall Cem.	24d. LOCATION (City, town, or county) (State) Kennett Mo.		
DATE REC'D BY LOCAL REG. 12-28-49	REGISTRAR'S SIGNATURE John H. Germer		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Lutz Derricke Kennett Mo.		

(Licensed Embalmer's Statement on Reverse Side)

1-50-7

JAN 3 RECD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Walter A. Hawkins*

Signed.....
Student Embalmer

Licensed Embalmer No. *2002*

P. O. Address *Bennett 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.