

MAILED JUL 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19745

State File No. ....

32

3009

39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	c. LENGTH OF STAY (in this place) <u>74 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	d. STREET ADDRESS (If rural, give location) <u>405 Morgan</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>405 Morgan</u>		d. STREET ADDRESS (If rural, give location) <u>405 Morgan</u>	

3. NAME OF DECEASED (Type or Print) <u>Maudie L. Seabaugh</u>	a. (First) <u>Maudie</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Seabaugh</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 27, 1878</u>	9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Hezekiah Godwin</u>	13b. MOTHER'S MAIDEN NAME <u>Rebekah Ford</u>	14. NAME OF HUSBAND OR WIFE <u>J.H. Seabaugh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>J.H. Seabaugh</u> ADDRESS <u>Jackson Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic cholecystitis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Wound Kerner</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>		10 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>585 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 June 19 30, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.H. Seabaugh M.D.</u>	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>6-30-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 29, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 30 1952</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S.L. Cravens</u> ADDRESS <u>Jackson, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Lynn Steele  
Licensed Embalmer No. 2476  
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.