

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38460

State File No.

FILED ⁸⁷⁵²⁷ DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathis Hospital</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> d. STREET ADDRESS (If rural, give location) <u>218 So. Frederick</u>
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3. NAME OF DECEASED a. (First) <u>Mary Ann</u> b. (Middle) <u>Ann</u> c. (Last) <u>Seabaugh</u> (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 8 1953</u>	9. AGE (In years last birthday) If under 1 year: Months — Days — If under 2 yrs: Hours — Mins. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Adam Ray Seabaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Lucille Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adam Ray Seabaugh, Cape Girardeau Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstruction of Main Bronchi</u> DUE TO (c) <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
II. 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 <u>7625</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____ (COUNTY) _____ (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/8/53, 1953 to 12/8/53, 1953, that I last saw the deceased alive on 12/8/53, 1953, and that death occurred at 218 So. Frederick Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. B. Shindler, M.D.</u>	23b. ADDRESS <u>28 S. Spanish</u>	23c. DATE SIGNED <u>12/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 8 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-10-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. B. Shindler, M.D.</u> <u>Cape Girardeau Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

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