

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Seabough 4139
State File No. _____

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>CANALON</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u> b. (Middle) _____ c. (Last) <u>TAUL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 11 1863</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>FAYETTE Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ANDREW NEWAY</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED LONG</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES D.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Owen Taul - Canalon Mo</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown - probably due to diverticulosis of sigmoid</u>		
	DUE TO (c) <u>c. per foration.</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>None</u>	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) <u>5721</u>
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? _____

22. I hereby certify that I attended the deceased from 2-13, 1955, to 2-14, 1955 that I last saw the deceased alive on 2-14, 1955, and that death occurred at _____ A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.R. Seabough M.D.</u> (Degree or title)		23b. ADDRESS <u>219 N. Pacific Cape Girardeau Mo</u>		23c. DATE SIGNED <u>2-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-16-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>	

DATE REC'D BY LOCAL REG. <u>3-1-55</u>	REGISTRAR'S SIGNATURE <u>L.C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weld Funeral Home</u>	ADDRESS <u>Sikeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 _____
Signature of Student Embalmer

Signed *Raymond Crews*

Licensed Embalmer No. *3467*

P. O. Address *Sikeston*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.