

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

168

State File No.

FILED JAN 10 1956

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5115 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Sedgewickville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedgewickville</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>		e. STREET ADDRESS <u>No Street Address</u>	

3. NAME OF DECEASED (Type or Print) <u>EILEEN</u>			a. (First)			b. (Middle)			c. (Last) <u>SEABAUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, DIVORCED, SEPARATED <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Aug. 18 1875</u>			9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</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>John Seabaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Statler</u>			14. NAME OF HUSBAND OR WIFE <u>Never married</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. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>F.G. Seabaugh</u>			ADDRESS <u>Sedgewickville, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____							
		DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 Dec 1st 1945 to Jan 2nd 1956, that I last saw the deceased alive on Jan 2nd 1956, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. Crites, M.D.</u>		23b. ADDRESS <u>Sedgewickville, Mo.</u>		23c. DATE SIGNED <u>1/3/56</u>	
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 4-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Cradwick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Jackson</u>		ADDRESS <u>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

Signed Thos. W. Allen

Licensed Embalmer No. 4055-

P. O. Address Jackson

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.