

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 HRS.</u>	c. CITY OR TOWN <u>CHAFFEE</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST MO. HOSP.</u>		STREET ADDRESS (If rural, give location) <u>427 PARTER</u> 1001	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>VINCENT</u> c. (Last) <u>SEABAUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 29-1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 24 HRS. Hours Min. <u>2 17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORKER SAWMILL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAWMILL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DAK RIDGE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN SEABAUGH</u>		13b. MOTHER'S MAIDEN NAME <u>GORDILLA JOHNSON</u>	

14. NAME OF HUSBAND OR WIFE <u>BERTHA SEABAUGH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <u>N.A.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Seabaugh</u>		ADDRESS <u>CHAFFEE 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 Hrs.</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
	DUE TO (c)			
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>4200</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)		
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 4/16, 1956, to 4/16, 1956, that I last saw the deceased alive on 4/16, 1956, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Israel H. Hotworth, M.D.</u>		23b. ADDRESS <u>24 N. Sprigg, Cape Girardeau, MO.</u>		23c. DATE SIGNED <u>Apr. 17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>APRIL 18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FISH CEM. A.R.A.B.</u>	
24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO.</u>					

DATE REC'D BY LOCAL REG. <u>4-18-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STUBBS' FUNERAL HOME</u>		ADDRESS <u>CHAFFEE MO.</u>	
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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 Eugene L. Stubbs, Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stubbs
Signature of Student Embalmer

Signed J. L. Long

Licensed Embalmer No. 3818
P. O. Address Cape Girardeau

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.