

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12404

STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 260

Health,
& Welfare
Public
Service

S. 3008161
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1-56

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 Gir</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Near Tilslet old</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deal N. Home with</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>4 mi S-E Jackson Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>ANTHONY</u> Middle <u>CHRISTIAN</u> Last <u>SEABAUGH</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 29, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u> Hours <u>26</u> Min.
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bellingers Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>C. C. Seabaugh</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Stittler</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Elmer Seabaugh Jackson Mo</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nephrosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>					<u>10 yrs</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>Cerebral arteriosclerosis</u> <u>446x</u>					
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>Sept 11, 1955</u> to <u>Apr 25, 1957</u> and last saw <u>him</u> alive on <u>Apr 23, 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. N. Jaeger M.D.</u>			22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>Apr 28, 1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>		
24. FUNERAL DIRECTOR <u>Denette Laird Jackson</u> ADDRESS		25. DATE RECD. BY LOCAL REG <u>5-7-57</u>	26. REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *R. O. Laird*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N.C.*

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.