

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026699

STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits of the State) OR TOWN <b>FARMINGTON-RURAL</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Leadington</b> 0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp. No. 4</b> Length of stay in lb <b>8 days</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>FREDA</b> Middle <b>B.</b> Last <b>SEABAUGH</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>17</b> Year <b>1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 8, 1913</b>	9. AGE (In years last birthday) <b>45</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>14</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Elvins, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>FRANK HAIR</b>			14. MOTHER'S MAIDEN NAME <b>MARY TUCKER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>St. Sebaugh Leadington</b> 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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 das.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Nephrosclerosis</b>	<b>Unknown</b>
	DUE TO (c) <b>Hypertensive Cardiovascular Disease</b>	<b>Abt. 12 yrs.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Psychosis secondary to vascular disease.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
--	--	--

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 <b>1:00</b> Month, Day, Year a. m. <b>P.</b> 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 <b>Farmington, Missouri</b>		COUNTY STATE

21. I attended the deceased from **June 9, 1958** to **June 17, 1958** and last saw <sup>her</sup> ~~him~~ alive on **June 17, 1958**  
Death occurred at **1:00 P. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>John C. Brennan M.D.</b>	22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>	22c. DATE SIGNED <b>6-17-58</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BUNA</b>	23b. DATE <b>JUNE 21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. FRANCOIS MEM. PARK</b>	23d. LOCATION (City, town, or county) (State) <b>BONNE TERRE, MO.</b>
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR <b>Raymond Callahan and Son</b>	ADDRESS <b>414 Ringway</b>	25. DATE RECD. BY LOCAL REG. <b>June 17, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>
---	-------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
 940  
 300  
 1-56  
 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

MEDICAL CERTIFICATION

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. Caldwell* \_\_\_\_\_

Licensed Embalmer No. *25*

P. O. Address *Flat River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.