

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028168
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 32 Primary Registration District No. 5114 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>BOHNINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOHNINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STURDIVANT (Wayne)</u> Inside Limits No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>0090 STURDIVANT</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>STURDIVANT</u> Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>BOHNINGER Co.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA BEA SEABAUGH</u>			4. DATE OF DEATH Month Day Year <u>Aug 3, 1958</u>			
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 2, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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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>Household</u>	11. BIRTHPLACE (City and state or country) <u>BOHNINGER Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>THOMAS COOK</u>	13b. MOTHER'S MAIDEN NAME <u>DEBIKAH LIMBAUGH</u>	14. NAME OF HUSBAND OR WIFE <u>BILL SEABAUGH</u>
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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 <u>MRS. HARRY BEOWELL STURDIVANT, MO</u> Address
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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>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senility + PARKINSON'S DISEASE</u>	
	DUE TO (c) <u>4222</u>	
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"/>

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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1940 to Aug 2, 1958 and last saw her ^{him} alive on July 24, 1958
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>E. C. Maden No. 2</u>	22b. ADDRESS <u>Advance, Mo</u>	22c. DATE SIGNED <u>Aug 6, 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/3/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STURDIVANT CEM. BOHNINGER Co. MISSOURI</u>	23d. LOCATION (City, town, or county) (State) <u>BOHNINGER Co. MISSOURI</u>
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24. FUNERAL DIRECTOR <u>Mrs. Lloyd S. Mayes & Advance</u> ADDRESS <u>820</u>	25. DATE RECD. BY LOCAL REG. <u>8/23/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Craden</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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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 *W^m H. Morgan*

Licensed Embalmer No. *4640*
P. O. Address *Advance, W*

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.