

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

020378

STATE FILE NUMBER

FILED JUL 9 1959

Registration District No. 032 Primary Registration District No.

Registrar's No. 45

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY BOLLINGER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BOLLINGER		
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN RURAL FILLMORE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR GLEN ALLEN		Length of stay in lb LIFETIME	d. STREET ADDRESS (If outside, give location) NEAR GLEN ALLEN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle MARGRET Last SAMPLE			4. DATE OF DEATH Month JUNE Day 21 Year 1959		
5. SEX F.	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 26, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month 6 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PATTON, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME COLUMBUS SEABAUGH		13b. MOTHER'S MAIDEN NAME CATHERINE STATLER	
14. NAME OF HUSBAND OR WIFE CHARLEY SAMPLE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT. Address Mrs. Otto Kitchens, Glen Allen, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition, Debilitation and Sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchopneumonia DUE TO (c) Old Primary Tuberculosis (Pulmonary) 10 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CC2X			
INTERVAL BETWEEN ONSET AND DEATH Chronic 2 weeks		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> none		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 June 16, 1959 to June 18, 1959 and last saw her/him alive on June 18, 1959 Death occurred at June 21, 1959 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or Title) W. J. Freitas, D.O.			22b. ADDRESS Lutesville Mo		22c. DATE SIGNED 6-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 23, 1959	23c. NAME OF CEMETERY OR CREMATORY McLee Chapel		23d. LOCATION (City, town, or country) (State) Bollinger Co. Mo.
24. FUNERAL DIRECTOR Baber Funeral Home, Lutesville Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7/8/59		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 192.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUL 9 1959

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 *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, Mo*

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.