SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020351
STATE FILE NUMBER

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 22

FILED JUN 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedgewickville — Length of stay in 1b: 78 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No St. Address — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Sedgewickville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) No St. Address — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DORA Middle: MAE Last: SEABAUGH
4. DATE OF DEATH Month: June Day: 18 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/17/1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: 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: Housework
11. BIRTHPLACE (City and state or country): Bollinger County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Seabaugh
13b. MOTHER'S MAIDEN NAME: Pricilla Crain
14. NAME OF HUSBAND OR WIFE: Deceased - 1958
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Harley Statler Address: Sedgewickville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Nonspecific Hepatitis, Gastro-Enteritis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of left femur, Feb 13th 1961

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell while going up steps to porch.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb. 1st 1961, to June 18th 1961 and last saw her alive on June 17th 1961
Death occurred at June 18 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edw. Crites (Degree or title) M.D.
22b. ADDRESS: Sedgewickville, Mo.
22c. DATE SIGNED: 6/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Sedgewickville
23d. LOCATION (City, town, or county): Sedgewickville (State): Mo.
24. FUNERAL DIRECTOR: McCombs ADDRESS: Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: 6-24-61
26. REGISTRAR'S SIGNATURE: Mm. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1961

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 Bruce Decker

Licensed Embalmer No. 5097

P. O. Address Jackson, Me

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.