

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018298

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 234

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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>Pollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>10 weeks</u>	c. CITY OR TOWN <u>Sedgewickville</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route #1</u>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>NIXON</u> Last <u>SEBAUGH</u>		4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done by majority of working life, even if retired) <u>Doctor Veterinary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Sedgewickville</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Jefferson Sebaugh</u>	
14. MOTHER'S M.A.DEN. NAME <u>Margaret Hales</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Thiele Sebaugh</u>	
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>Elizabeth Thiele Sebaugh</u>
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>Carcinoma of Rt Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ 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>12-2-61</u> to <u>5/7/62</u> and last saw <sup>when</sup> him alive on <u>5/7/62</u>		Death occurred at <u>9:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Sheehan</u> (Degree or title)		22b. ADDRESS <u>24 No. Sprigg Street</u> <u>Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>5/18/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 9-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>	23d. LOCATION (City, town, or county) <u>Sedgewickville Mo.</u>
24. FUNERAL DIRECTOR <u>W. Miller</u> ADDRESS <u>Jackson Mo 5-22-62</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Quinn Kasten</u>	

**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 \_\_\_\_\_

Licensed Embalmer No. 4327

P. O. Address Sachin, Ma.

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.