

U. S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28063

State File No.

FILED SEP 14 1944

Registration District No. 153

Primary Registration District No. 5579

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Mineral

(c) Name of hospital or institution
Jasper Co Hospital

(d) Length of stay: In hospital or institution 3 months

In this community 1 year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Orono

(d) Street No. Rte 1

(e) Citizen of foreign country? No

If yes, name country

3. (a) PRINT FULL NAME Quincy L Seagraves

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1944 hour 10 minute 20 P. M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Katie Seagraves

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29 1884

21. I hereby certify that I attended the deceased from May 10 1944 to Aug 13 1944 that I last saw him alive on Aug 13 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	60	4	14	hr. min.

Immediate cause of death Tuberculosis

Due to

9. Birthplace Jasper Co Missouri

Due to

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farmer

12. Name Thomas Seagraves

13. Birthplace No data Missouri

14. Maiden name Mary B Lord

15. Birthplace No data Missouri

Major findings: Of operations

Of autopsy

1321

16. (a) Informant Videns Katie Seagraves

(b) Address

17. (a) Burial (b) Date thereof 8/13/44

(c) Place: burial or cremation Forest Park

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director H. H. Lewis

(b) Address Hobbs City, Mo.

19. (a) Aug 14 1944 Mrs. Lillie Lagle

While at work? (Specify type of place)

(e) Means of injury

23. Signature Jane E Douglas (M. D.)

Address Hobbs City, Mo. Date signed 8/14/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1180

(Licensed Embalmer's Statement on Reverse Side)

44-8-674

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. M. Helge

Licensed Embalmer No. 2859

P. O. Address Helge City, 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 this body is not embalmed, fact should be so stated above.