FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

Registration District No. 32

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5115

State File No. 18666

Registrar's No. 46

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

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Sedgewickville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bollinger
(c) City or town Sedgewickville
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME DAVID JEFFERSON SEABAUGH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased March 31, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	12	hr. min.

9. Birthplace Sedgewickville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Eli Seabaugh
13. Birthplace Sedgewickville Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Stoller
15. Birthplace Sedgewickville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Howard E Seabaugh
(b) Address Advance Mo

17. (a) Burial (b) Date thereof May 15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sargents Cemetery

18. (a) Signature of funeral director J. A. Miller
(b) Address Jackson

19. (a) June 15 1948 (b) Willie Van Ambaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1948, to May 15th, 1948;
that I last saw him alive on May 13th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency Acute Bronchitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edw. Crites (M. D.)
Address Sedgewickville Mo Date signed 5/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-870

Date Filed 6-23-48

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 Lene C Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.