

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19622

State File No. 53
Registrar's No. 3009

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3009		Registrar's No. 53			
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson Mo</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson Mo. 0161</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>118a W. 1st North Jackson Mo</i>				d. STREET ADDRESS (If rural, give location) <i>118a 1st North Jackson Mo</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Homer</i>		b. (Middle) <i>Webster</i>		c. (Last) <i>Seabaugh</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 23 1950</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Oct 17 1902</i>		9. AGE (In years last birthday) <i>47</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>6</i>	IF UNDER 1 MIN. Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handle Factory</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>Alexander Seabaugh</i>		13b. MOTHER'S MAIDEN NAME <i>Nona Talbright</i>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-03-0814</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Harry Seabaugh</i>		ADDRESS <i>Jackson Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Came to his death by</i>				DUE TO (b) <i>Strangulation</i>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<i>E974X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <i>Strangulation</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Jackson Mo</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson Mo Cape Girardeau Mo</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 23 50 P. m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Strangulation</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>E. R. Driskill</i>		(Degree or title) <i>3</i>		23b. ADDRESS <i>Coronet St. Pacific St. Cape Girardeau Mo</i>		23c. DATE SIGNED <i>June 24 1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 25 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sedgebrookville</i>		24d. LOCATION (City, town, or county) (State) <i>Bollinger Co Mo</i>			
DATE REC'D BY LOCAL REG. <i>June 24 1950</i>		REGISTRAR'S SIGNATURE <i>D. B. Sisk</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Seabaugh</i>		ADDRESS <i>Jackson Mo</i>			

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

NOV 27 1950

650-848

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.

Signed R. O. Laird

Signed
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, Miss

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.