

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31500

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 310

1940

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. FRANCOIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS 1940 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD | | d. STREET ADDRESS (If rural, give location) NONE | |

| | | | | |
|-------------------------------------|----------------------------|---------------------------|-------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LYDIA | b. (Middle) ANN | c. (Last) SEABOURNE | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 19, 1950 |
|-------------------------------------|----------------------------|---------------------------|-------------------------------|--|

| | | | | |
|-------------------------|----------------------------------|--|--|--|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JULY 19, 1871 | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 79 2 0 |
|-------------------------|----------------------------------|--|--|--|

| | | | |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) TENNESSEE | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|-----------------------------------|---|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME JOSEPH HORTON | 13b. MOTHER'S MAIDEN NAME MANDY MOSIER | 14. NAME OF HUSBAND OR WIFE ELLIS SEABOURNE |
|--|--|---|

| | | | |
|--|--|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ELLIS SEABOURNE LEADWOOD, Mo. | ADDRESS LEADWOOD, Mo. |
|--|--|---|---------------------------------|

| | | | |
|---|---|-------------|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 331X | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Sept. 10, 1950, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

| | | |
|---|--|------------------------------------|
| 23a. SIGNATURE (Degree or title) Dora A. Ahlberg MD | 23b. ADDRESS River View, Mo. | 23c. DATE SIGNED 9-21-50 |
|---|--|------------------------------------|

| | | | |
|--|------------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE SEPT. 20, 1950 | 24c. NAME OF CEMETERY OR CREMATORY LEADWOOD CEMETERY | 24d. LOCATION (City, town, or county) (State) LEADWOOD, Mo. |
|--|------------------------------------|--|---|

| | | | |
|---|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG. Sept. 21, 1950 | REGISTRAR'S SIGNATURE Evelyn Rudolph | 25. FUNERAL DIRECTOR'S SIGNATURE But J. Boyer | ADDRESS Leadwood, Mo. |
|---|--|---|---------------------------------|

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed William B. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.