

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35898

BIRTH NO. _____ REG. DIST. NO. 130 PRIMARY REG. DIST. NO. 4474 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fornfelt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fornfelt</u>	
c. LENGTH OF STAY (in this place) <u>37 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ALVA</u> c. (Last) <u>SEBRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14, 1950</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 18, 1899</u>	9. AGE (In years last birthday) <u>71</u> Months <u>11</u> Days <u>26</u>
-----------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Sumner, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	--	---

13a. FATHER'S NAME <u>Moses W Sebright</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah M Gullledge</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Etta Sebright</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>702-09-6242</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Sebright</u>	ADDRESS <u>Fornfelt, Mo</u>
---	---	---	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION <u>Coronary occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/20/1</u>			

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 Jan. 1, 1950, to Oct. 14, 1950 that I last saw the deceased alive on Oct. 13, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. ...</u>	(Degree or title)	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>10-16-50</u>
------------------------------------	-------------------	----------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-16-50</u>	REGISTRAR'S SIGNATURE <u>W. J. ...</u>	300	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>...</u>
---	---	-----	--	-----------------------

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

RECEIVED OCT 18 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1050-13

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
Student Embalmer

Signed Oliver Carmichael

Licensed Embalmer No. 4470

P. O. Address Elmo, 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.