

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13264

FILED APR 28 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 304.3 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAH, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAH, MISSOURI	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0144	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leveering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) C. c. (Last) Seabee			4. DATE OF DEATH MARCH 28-1951 (Month) (Day) (Year)		
--	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 11, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 21
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) MONROE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	--

13a. FATHER'S NAME Stephen H. Seabee	13b. MOTHER'S MAIDEN NAME Elizabeth Jane Seabee	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. Chris Seabee	ADDRESS HANNIBAH, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelitis - meningia -		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of prostate		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 9, 1951**, to **March 28, 1951**, that I last saw the deceased alive on **28 March 1951**, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. A. Bell (Degree or title) M.D.	23b. ADDRESS Hannibal, Missouri	23c. DATE SIGNED 4-1-51
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/30/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Prairie Cemetery	24d. LOCATION (City, town, or county) (State) PERRY, MISSOURI
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 4-24-51	REGISTRAR'S SIGNATURE Dr. E.M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE C. Clyde Wick	ADDRESS PERRY, Mo.
---	---	---	---------------------------

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

644
0

RECEIVED APR 27 1951
MARION CO. HEALTH DEPT.
DATE FILED APR 27 1951

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 Clyde C. Wickray

Licensed Embalmer No. 3826

P. O. Address Permy, 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.