

FILED NOV 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32826  
Registrar's No. 356

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>356</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Gir.</u>		c. LENGTH OF STAY (In this place) <u>57 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		OR TOWN <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles N.W. Sedgewickville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>		b. (Middle) <u>Allice</u>		c. (Last) <u>Friese</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 28 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 13, 1894</u>	
9. AGE (In years last birthday) <u>57</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ephraim Seabaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Hinderbrand</u>		14. NAME OF HUSBAND OR WIFE <u>Jeff W. Friese</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy Friese Sedgewickville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Neuroshage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>443X</u>				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)		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 <u>Oct. 20</u> , 19 <u>51</u> , to <u>28 Oct, 1951</u> , that I last saw the deceased alive on <u>28 Oct</u> , 1951, and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. O. Seabaugh, M.D.</u>				23b. ADDRESS <u>709 Broadway Ave</u>		23c. DATE SIGNED <u>31 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sargent's Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Sedgewickville, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-31-51</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Crawford</u>		ADDRESS <u>JACKSON, MO</u>	

RECEIVED

NOV 5 1961

DISTRICT HEALTH OFFICE No. 6

File No. ....

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.....

*Lyman Steele*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2476*

P. O. Address *Jackwood*

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.