

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34400

State File No.

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 349

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance</u> | |
| c. LENGTH OF STAY (If in this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SHABA</u> b. (Middle) <u>LEE</u> c. (Last) <u>SEABAUGH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</u> | | |
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|----------------------|-------------------------------|---|-------------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Aug 2, 1873</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|---|---|

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| 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>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Lutesville Mo</u> | 12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Peter Baker</u> | 13b. MOTHER'S MAIDEN NAME <u>E. Niwonger</u> | 14. NAME OF HUSBAND OR WIFE <u>William Seabaugh</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Homer Turner</u> ADDRESS <u>Jackson Mo</u> | |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Left Lobe</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Post 10 yrs</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>334-X</u> |
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| | | |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from March, 1952, to Nov 4, 1952, that I last saw the deceased alive on Nov 4, 1952, and that death occurred at 9:45 am., from the causes and on the date stated above.

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|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>N. H. Seabaugh M.D.</u> | 23b. ADDRESS <u>Jackson Mo</u> | 23c. DATE SIGNED <u>10-6-52</u> |
|---|--------------------------------|---------------------------------|

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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 6 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u> | 24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>11-6-52</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 44-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller</u> ADDRESS <u>Jackson Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0164

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 Lynna Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Ms

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.