

FILED AUG 2-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22945

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) Rural R#1 Cape Girardeau Mo	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) High Way #74 Cape Girardeau 010 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) F	c. (Last) Seabaugh	4. DATE OF DEATH (Month) (Day) (Year) June 20 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5, 1913	9. AGE (In years last birthday) 43	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) Transport truck driver	10b. KIND OF BUSINESS OR INDUSTRY Butler County Oil Co.	11. BIRTHPLACE (State or foreign country) Millersville Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Seabaugh	13b. MOTHER'S MAIDEN NAME Avis Seabaugh	14. NAME OF HUSBAND OR WIFE Ruby Seabaugh
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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) No	16. SOCIAL SECURITY NO. 489-14-9212	17. INFORMANT'S SIGNATURE OR NAME Mrs Rubt Seabaugh R#2 Cape Girarde	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calumny Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2nd. 3rd degree Burn		
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 None	19c. 9169 40	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at work	21c. (CITY, TOWN, OR TOWNSHIP) Quin, Butler Mo (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) June 18, 1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gasoline truck exploded, flames were thrown over body.
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22. I hereby certify that I attended the deceased from June 18, 1956 to June 20, 1956, that I last saw the deceased alive on June 20, 1956, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 7-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemt	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo
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DATE REC'D BY LOCAL REG. 7/30/56	REGISTRAR'S SIGNATURE [Signature]	18. FUNERAL DIRECTOR'S SIGNATURE L.L. Haman	ADDRESS Cape Girardeau Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

8/10/56

89

RECEIVED

7/3/56

BUTLER CO. HEALTH CENTER

FILE No. _____

1956

JUL 10 1956

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. _____

Student _____
Student Embalmer

Signed H. J. Norman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.