

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037045

4301 STATE FILE NUMBER

3038

Registrar's No. 124

FILED NOV 10 1958

Registration District No. 184 Primary Registration District No.

S. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEADVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MEADVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 40 yrs	d. STREET ADDRESS (If outside, give location) 0580
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY PETER SEABOLT			4. DATE OF DEATH Month Day Year 10-28-58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-29-69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	9. AGE (In years last birthday) 89
11. BIRTHPLACE (City and state or country) HONEYBROOK, PA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME PETER SEABOLT		13b. MOTHER'S MAIDEN NAME ELIZABETH HARVEY	14. NAME OF HUSBAND OR WIFE BERTHA
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. NONE	17. INFORMANT Address WINONA SEABOLT, MEADVILLE, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Myocardial degeneration DUE TO (c) Mitral insufficiency			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 2 mos 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 26 1958 to Oct 28 1958 and last saw him alive on Oct 28 1958 Death occurred at 11:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. E. Bryan D.O.		22b. ADDRESS Wheeling, Mo.	22c. DATE SIGNED 11-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-30-58	23c. NAME OF CEMETERY OR CREMATORY MEADVILLE, Mo.	23d. LOCATION (City, town, or county) (State) MEADVILLE, Mo.
24. FUNERAL DIRECTOR BROTHERS, MEADVILLE, Mo.		25. DATE RECD. BY LOCAL REG. 11-3-58	26. REGISTRAR'S SIGNATURE Katharine Johnson

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
Signature of Student Embalmer

Signed *S. P. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Madville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.