

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012272
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits give TOWNSHIP only) Inside Limits
OR Whitewater Yes No
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b
HOSPITAL OR 1 mile south 30 yrs.
INSTITUTION Sedgewickville

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Sedgewickville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
1 mile South

3. NAME OF DECEASED (Type or print) First Middle Last
FRANCIS EMERSON SEABAUGH

4. DATE OF DEATH Month Day Year
April 30 1959

5. SEX Male **6. COLOR OR RACE** Cau.
7. MARRIED NEVER MARRIED
8. DATE OF BIRTH May 4 1885
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Bollinger County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Logan Seabaugh
14. MOTHER'S MARDEN NAME Susan Drum

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. 488202511
17. INFORMANT W.W. Seabaugh Address Jackson 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) Carcinoma stomach + metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 1992

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
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 Jan 1 1958 to Apr 30 1959 and last saw him alive on Apr 30 1959
Death occurred at 9 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eddie Critchfield M.D.
22b. ADDRESS Sedgewickville Mo.
22c. DATE SIGNED 5/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 2-59
23c. NAME OF CEMETERY OR CREMATORY Sedgewickville
23d. LOCATION (City, town, or county) (State) Sedgewickville Mo.

24. FUNERAL DIRECTOR McCombs ADDRESS Jackson Mo.
25. DATE RECD. BY LOCAL REG. 5-4-59
26. REGISTRAR'S SIGNATURE Mrs. Buford Corder.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
100-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *B. R. Meyer*

Licensed Embalmer No. *3*

P. O. Address *Jack*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.