

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017235

STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 94

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-57

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem.</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>0353 S. Jackson</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Dudley</u> Last <u>Seagraves</u> | | | 4. DATE OF DEATH Month <u>6</u> Day <u>1</u> Year <u>1959</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-11-1887</u> | | 9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>30</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Tenn</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Seagraves</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Maebelle Seagraves</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>493-28-4277</u> | | |
| 17. INFORMANT <u>Sherman Seagraves - Kennett, Mo.</u> | | Address | | | | |

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|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>443x</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> DUE TO (c) <u>UNKNOWN</u> | | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|
| 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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u> | | |

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|--|--|--|----------------------|-----------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Kennett</u> | COUNTY <u>Mo.</u> | STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>6-1-59</u> to <u>6-2-59</u> and last saw her/him alive on <u>6-2-59</u> Death occurred at <u>1:05 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) <u>Geo Benson M.D.</u> | | 22b. ADDRESS <u>Kennett Mo.</u> | | 22c. DATE SIGNED <u>6-1-59</u> |

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|--|------------------------------|--|---|-----------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6-3-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u> | 23d. LOCATION (City, town, or county) <u>Kennett</u> | (State) <u>Mo.</u> |
| 24. FUNERAL DIRECTOR <u>McDaniel Funeral - Kennett, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-4-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Husband</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JUN 1 1959

COUNTY FILE NUMBER 637-167

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 Henry A. Boley

Licensed Embalmer No. 4886

P. O. Address Kenell

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.