

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046023
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12158**

FILED DEC 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

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| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| Rev. 4/59 | | | | |
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| 2 <i>8/20</i> | | | | |
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| 52 | SHOULD READ | BY AFFIDAVIT OF | | |

USE BLACK INK OR TYPEWRITER RIBBON

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|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | | Length of stay in 1b | | c. CITY OR TOWN Annawan |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 108 So. Main St. |
| 3. NAME OF DECEASED (Type or print) First ODETTA Middle K. Last SEABERT | | | 4. DATE OF DEATH Month December Day 8 Year 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/21/1903 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Atkinson, Ill. | |
| 13a. FATHER'S NAME Charles King | | 13b. MOTHER'S MAIDEN NAME Margaret Schmitt | | 14. NAME OF HUSBAND OR WIFE Harry Seabert | |
| 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. | | 17. INFORMANT Harry Seabert, Annawan, Ill. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post necrotic cirrhosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | 5810 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Portal hypertension - 7 years | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year | | 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 | | COUNTY | | STATE | |
| 21. I attended the deceased from 10/11/63 to 12/8/63 and last saw her ^{her} _{him} alive on 12/8/63 Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>C. J. Demillo</i> (Degree or title) M.D. | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 12/9/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12-9-63 | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | | 23d. LOCATION (City, town, or county) (State) Sheffield, Ill. |
| 24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd | | | 25. DATE RECD. BY LOCAL REG. DEC 9 1963 | | 26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i> |

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.