

FILED FEB 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 734

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5348 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Grant</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Grant</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>L</u> c. (Last) <u>Sellhorn</u>	
4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>27</u> (Year) <u>1949</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>
8. DATE OF BIRTH <u>Nov-26-1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Henry Sellhorn</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Therzia Stollhorn</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Surgin Sellhorn</u> ADDRESS <u>Urbana Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shuntum Rnd Vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension 442K</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/10, 1948, to 1/26, 1949, that I last saw the deceased alive on 1/25, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Blount</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Urbana Mo</u>	23c. DATE SIGNED <u>1/26/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 30-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County</u>
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DATE REC'D BY LOCAL REG. <u>2/12/49</u>	REGISTRAR'S SIGNATURE <u>Mr J. B. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>80 Vaughn-Rison</u> ADDRESS <u>Urbana, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-49-90

Date Filed 5-14-49

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
Student Embalmer

Signed Allen W. Saughan

Licensed Embalmer No. 4456

P. O. Address Hastings, MA

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.