

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1150

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bixby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bixby	
c. LENGTH OF STAY (in this place) 58 yrs		d. STREET ADDRESS (If rural, give location) --	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Corby		b. (Middle) L	
		c. (Last) Sellers	
		4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1890
		9. AGE (In years, last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Store	
		11. BIRTHPLACE (State or foreign country) Missouri	
		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jerry Sellers		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME. ADDRESS Jerry Sellers Bixby, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gastric carcinoma	
		INTERVAL BETWEEN ONSET AND DEATH Unclear	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 15/1	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-15-49, 19__, to 1-17-49, 19__, that I last saw the deceased alive on 1-15, 1949, and that death occurred at ___ m., from the causes and on the date stated above.			
23a. SIGNATURE Jes D. Woodard		23b. ADDRESS Salem, Mo	
23c. DATE SIGNED 1-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/20/49	
24c. NAME OF CEMETERY OR CREMATORY Boss Cemetery		24d. LOCATION (City, town, or county) (State) Boss Missouri	
DATE REC'D BY LOCAL REG. Feb 4 1949		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan	
25. FEDERAL DIRECTOR'S SIGNATURE Carl K. Spencer		ADDRESS Salem, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Health Officer No. 4
District File Number 249-128
Date Filed 2-6-49

MAR 11 1949

JUL 5 1949

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

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.