

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3947**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>	PRIMARY REG. DIST. NO. <u>3002</u>	Registrar's No. <u>3-2</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mexico Nursing Home 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wilson-Township</u>		
		d. STREET ADDRESS (If rural, give location) <u>H. F. D. #2 Thompson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u> b. (Middle) <u>Stuart</u> c. (Last) <u>SELLERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 8, 1853</u>	9. AGE (In years last birthday) <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>John Stuart</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Davis</u>	14. NAME OF HUSBAND OR WIFE <u>A. A. Sellers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. A. Sellers</u> ADDRESS <u>Mexico, Mo.</u>	
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) <u>Fracture of right femur.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Jan 31-49</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema & shock.</u> DUE TO (c) <u>6' 10" 30</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6' 10" 20</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wilson Audrain Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 31-49 4^{PM}</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off a step ladder. 5'</u>		
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>49</u> , to <u>Feb 14, 1949</u> , that I last saw the deceased alive on <u>Feb 12, 1949</u> ; and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. K. Dorrell D.O.</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>2/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt River</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain County Mo.</u>	
DATE RECD BY LOCAL REG. <u>Feb 16-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. ...</u> ADDRESS <u>Mexico, M</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

4
2

RECEIVED

District Health Officer No. 10

District File Number 2-49-35

FEB 23 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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 3569

P. O. Address.....

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.