

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13412

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> <u>D</u> (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rose</u>	b. (Middle) <u>Melia</u>	c. (Last) <u>Sells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>12</u> <u>49</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>Oct. 27, 1882</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 5 MIN. Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis County</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Tom Cromer</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John E. Sells</u>
--------------------------------------	------------------------------------------	--------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John E. Sells</u>	ADDRESS <u>Cuba, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Malnutrition</u>			<u>1 3/4</u> <u>Years</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)	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) m.	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 Apr 1, 1949 to Apr 12, 1949, that I last saw the deceased alive on Apr 11, 1949, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Edwards, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>4-18-49</u>
-------------------------------------------------------------	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cuba, Mo. Kinderhook</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
-------------------------------------------	--------------------------	----------------------------------------------------------------	----------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>4/21/49</u>	REGISTRAR'S SIGNATURE <u>Helma C. Buckthorpe</u> 389	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Edwards</u> ADDRESS <u>Cuba, Mo.</u>
-----------------------------------------	------------------------------------------------------	--------------------------------------------------------------------------------

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

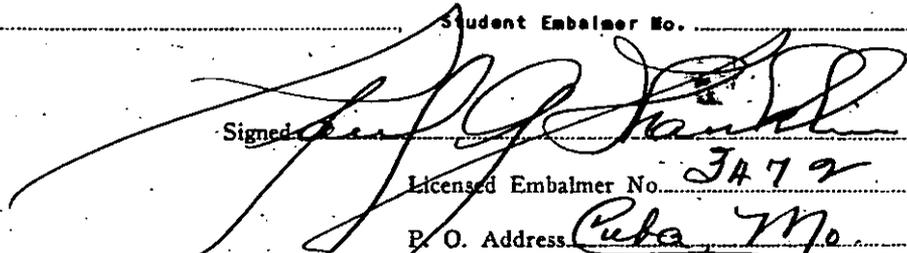
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was} embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed  _____

Licensed Embalmer No. JA 72

P. O. Address Cuba, 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 this body is not embalmed, fact should be so stated above.