

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26262

State File No. 33

FILED SEP 9 1949

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5156 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rockford</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rockford Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>J.</u> c. (Last) <u>Sellers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 28 1949</u>
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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>June 23, 1883</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR (Months) <u>2</u>	11. UNDER 1 MRS. (Days) <u>5</u>	12. UNDER 1 MRS. (Hours) _____	13. UNDER 1 MRS. (Min.) _____
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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 <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Frederick Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allan Ray</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Pitt</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Sellers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Sellers</u> ADDRESS <u>Polo, 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, asthma, 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>Myocardial Exhaustion</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u> DUE TO (c) _____		<u>7 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>192X</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 June 10, 1947, to Aug 28, 1949, that I last saw the deceased alive on Aug 27, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.H. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>Polo Mo.</u>	23c. DATE SIGNED <u>8-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanhope</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Missouri</u>
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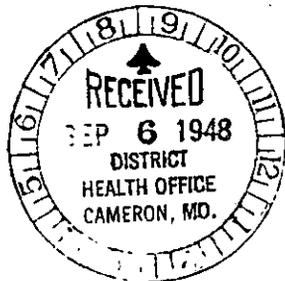
DATE REC'D BY LOCAL REG. <u>1/19/49</u>	REGISTRAR'S SIGNATURE <u>Glady Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alpharugh & Cowley</u> ADDRESS <u>Polo Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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Sept



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.

Signed Wayne H. Halleman

Signed.....
Student Embalmer

Licensed Embalmer No. 4627

P. O. Address Polo 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.