

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42956

State File No. 10591

318

1003

10591

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) township) <u>2 hours.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba, Appr. 2 1/2 Mi. N. W.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital. (1)</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. Star</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Sells</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-8-1882</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>28</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>Concrete Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete Worker</u>			11. BIRTHPLACE (State or foreign country) <u>Elk Falls, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JAMES Sells</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA VANDERBERG</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Sells</u>		ADDRESS <u>Cuba, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stricture of esophagus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Unknown cause.</u>					
		DUE TO (c) <u>Severe dehydration and malnutrition.</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Severe dehydration and malnutrition.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>116.</u>			
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? <u>5391</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 6, 1949</u> , to <u>Dec. 6, 1949</u> , that I last saw the deceased alive on <u>Dec. 6, 1949</u> and that death occurred at <u>5:50 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Bradley M.D.</u> (Degree or title)				23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>12/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KINDER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>	
DATE REC'D BY LOCAL <u>DEC 9 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shambler</u>		ADDRESS <u>Cuba, Mo.</u>	

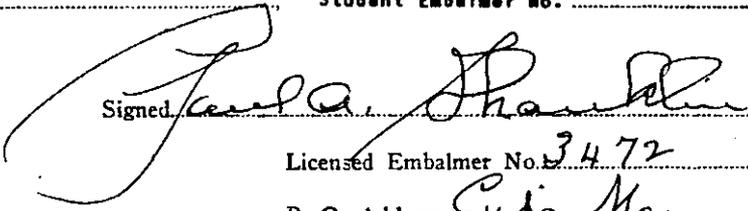
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Embalmer No. ....

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 3472 .....

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.