

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2187  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Osceola</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b>	
c. LENGTH OF STAY (in this place) <b>3 months</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Selby</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1/12/1950</b>
-------------------------------------	---------------------------	-----------------------	------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9/9/1873</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	--	----------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General painting</b>	11. BIRTHPLACE (State or foreign country) <b>ST. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	---

13a. FATHER'S NAME <b>William W. Selby</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Spanish A. War</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George W. Selby</b> ADDRESS <b>Osceola Mo.</b>
--	-------------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? <b>Yes</b> <input type="checkbox"/> <b>No</b> <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 1-8, 1950, to 1-12, 1950, that I last saw the deceased alive on 1-11, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>T. H. Dangler, Jr. M.D.</b>	23b. ADDRESS <b>Osceola, Mo.</b>	23c. DATE SIGNED <b>1-12-50</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/16/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osceola</b>	24d. LOCATION (City, town, or county) (State) <b>Osceola Mo.</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Jan 14, 1950</b>	REGISTRAR'S SIGNATURE <b>Paul H. Seavers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Goodrich</b> ADDRESS <b>Osceola Mo.</b>
--	--	---

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

930

APR 27 1950

RECEIVED

District Health Officer No. 71

District File Number 12491926

Date Filed 1-24-50

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 *J. B. ...*

Licensed Embalmer No. 3038

P. O. Address *Osceola, 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.