

FILED FEB 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3973

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 206

2117
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 418 N. 8th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leon Nursing Home - 624 Prospect Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Angeline	b. (Middle) ****	c. (Last) Selby	4. DATE OF DEATH (Month) (Day) (Year) February 21, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1877.	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) New Hampton, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William F. Chipp	13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Foster	14. NAME OF HUSBAND OR WIFE George T. Selby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) **** * None	17. INFORMANT'S SIGNATURE OR NAME James F. Selby	ADDRESS Piedmont, Calif.
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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 18 days 5 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332A	

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) (Min.)	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 Feb 5, 1950, to Feb 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Barthe D. M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 2/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Febr. 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 23, 1950	REGISTRAR'S SIGNATURE E. G. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Statter Meierhoff	ADDRESS 1946 Colhoun St. St. Joseph, Mo.
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APR 3 1950
MAR 30 1950

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 *Raymond W. Threke*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.