

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13691**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monticello	
c. LENGTH OF STAY (In this place) 12 das.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 N. 4th		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle) -	c. (Last) Selby	4. DATE OF DEATH (Month) (Day) (Year) Apr. 23, 1950
--	----------------------	------------------------	---

5. SEX Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Febr. 4, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 60 MIN. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	--	---

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) Lewis County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME George Burris	13b. MOTHER'S MAIDEN NAME Lucy Burris	14. NAME OF HUSBAND OR WIFE Tude Selby
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dorothy Hawkins, Canton, Mo.	ADDRESS
---	-------------------------------------	---	---------

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 1 Wk
	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) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
--	--	---

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 April 20, 1950, to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Dodson (Degree or title) D.O.	23b. ADDRESS Canton, Mo	23c. DATE SIGNED 4-26-50
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 26, 1950	24c. NAME OF CEMETERY OR CREMATORY Monticello	24d. LOCATION (City, town, or county) (State) Monticello, Lewis, Mo.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 4-26-50	REGISTRAR'S SIGNATURE P. St. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Buckley	ADDRESS Canton, Mo
---	--	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

560

RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
Date Filed

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 *Carl H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton 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.