

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14066

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. James, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James, - - - 00'</u>		d. STREET ADDRESS (If rural, give location) <u>St. James</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Sellers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1950</u>		
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>April 28, 1878</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR <u>11</u> MONTHS <u>5</u> DAYS <u>5</u> IF UNDER 1 HRS. <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Rize</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Miles</u>			14. NAME OF HUSBAND OR WIFE <u>George Sellers, (Husband)</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Sellers, St. James, Missouri.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Coronary Blood</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Ch Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Choli Typhoid</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION <u>200</u>		19b. MAJOR FINDINGS OF OPERATION <u>200</u>						20! AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (Min.) _____		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 <u>Jan 30, 1950</u> , to <u>April 3rd, 1950</u> , that I last saw the deceased alive on <u>March 19, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. A. Smith M.D.</u>				23b. ADDRESS <u>St. James Hospital & Sanitarium</u>		23c. DATE SIGNED <u>4/4/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>4-8-1950</u>		REGISTRAR'S SIGNATURE <u>Cora G. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. E. Licklider</u>		ADDRESS <u>50 E. Licklider, St. James, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4-10-50

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address. St. James, 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.