

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20788

State File No.

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 53

05.42
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Hy. 24</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria E.</u> b. (Middle) <u>E.</u> c. (Last) <u>Sellmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 9, 1864</u>	9. AGE (In years last birthday) <u>86</u> If under 1 year: Months <u>3</u> Days <u>26</u> If under 24 hrs: Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home (own)</u>	11. BIRTHPLACE (State or foreign country) <u>Lienen, Prussia</u>	12. CITIZEN OF WHAT COUNTRY? <u>Yes U.S.A</u>
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13a. FATHER'S NAME <u>Rudolph Schuster</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Miniker</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Sellmeyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adelia Osthoff</u> ADDRESS <u>Wellington</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	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. <u>Fracture of left hip untreated</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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 25 May, 1947, to 5 July, 1950, that I last saw the deceased alive on 5 July, 1950, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Lexington Mo</u>	23c. DATE SIGNED <u>7 July 50</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 10-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellington, Missouri</u>
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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7.12.57

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.

Signed

J. Clair Sheppard

Signed.....
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address *Wellington, N.C.*

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.