

FILED AUG 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29091

State File No.

BIRTH NO. 46576-50 REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Missouri Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weingarten		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weingarten 0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION Franke LaVerne Sellers		d. STREET ADDRESS (If rural, give location) R#1	

3. NAME OF DECEASED (Type or Print)	a. (First) Franke LaVern	b. (Middle)	c. (Last) Sellers	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3 1950
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5. SEX M. O	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH July 24, 1950	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY America
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13a. FATHER'S NAME David Sellers	13b. MOTHER'S MAIDEN NAME Helen Thompson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DAVID SELLERS 30 WEYAS N-Salem
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION		INTERVAL BETWEEN ONSET AND DEATH 11-12 days days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infectious Diarrhea		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7640

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 24, 1950, to Aug 3, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 8-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Aug. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Mo.	24d. LOCATION (City, town, or county) (State) 30 north of Salem
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DATE REC'D BY LOCAL REG. Aug. 10, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl - Atcocean Farmington Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 16 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, M.

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.