

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33993**

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 93

547

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mayview</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lexington Memorial</b>		d. STREET ADDRESS (If rural, give location) <b>1 block north of main street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle) <b>Sellmeyer</b>	c. (Last) <b>Ridder</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 23 50</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH <b>Sept. 19-93</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>4</b>	IF UNDER 1 YEAR Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Napoleon, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ernest Sellmeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Wiethoff</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Ridder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Ridder</b>	ADDRESS <b>Mayview, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of colon with metastasis</b>		<b>Unknown</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Unknown</b> DUE TO (c) <b>Unknown</b>		<b>153X</b>
11. OTHER SIGNIFICANT CONDITIONS		<b>1. Adenocarcinoma of breast with metastasis</b> <b>2. Rheumatic heart disease</b>	<b>3 yrs. Unknown</b>

19a. DATE OF OPERATION <b>7-31-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction due to carcinoma of colon.</b>	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) (m.)	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 7-10-50 to 10-23-50, 1950, that I last saw the deceased alive on 10-23-50 1950, and that death occurred at 2:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. L. Bungamer M.D.</b>	23b. ADDRESS <b>Higginsville, Mo.</b>	23c. DATE SIGNED <b>10-25-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-26-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Higginsville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 31 1950</b>	REGISTRAR'S SIGNATURE <b>Monica S. Eastman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. ...</b>	ADDRESS <b>Higginsville, Mo.</b>
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RECEIVED 11-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11-6-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Forrest A. Hoefer*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.