

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 17 1950

State File No. **34213**

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5815** Registrar's No. **26**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Morgan	b. CITY (If outside corporate limits, write RURAL and give township) Haw Creek Twp.	c. LENGTH OF STAY (In this place) 3 days	d. FULL NAME OF HOSPITAL OR INSTITUTION None
a. STATE Oklahoma		b. COUNTY Ottawa	
c. CITY (If outside corporate limits, write RURAL and give township) Pitcher		d. STREET ADDRESS 8350 18	

3. NAME OF DECEASED (Type or Print)	a. (First) Mance	b. (Middle) Field	c. (Last) SELLE	4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9-1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 6	IF UNDER 1 DAY Days 0	IF UNDER 1 HR. Hours 0	IF UNDER 1 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millman	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Colgate, Okla.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Diamond Selle	13b. MOTHER'S MAIDEN NAME Anna Tringer	14. NAME OF HUSBAND OR WIFE Anna Selle
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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) No.	16. SOCIAL SECURITY NO. 446-07-1858	17. INFORMANT'S SIGNATURE OR NAME Anna Selle - Versailles, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 Mi. 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.) 11:15 Am.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:15 Am., from the causes and on the date stated above.**

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED Oct-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct-9-1950	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Gleaner, Kansas
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DATE REC'D BY LOCAL REG. Oct 10th 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kidwell, Versailles, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10/16/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/16/50

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Gene N. Pastuan
Student Embalmer No. _____

Licensed Embalmer No. 4021

P. O. Address Versailles

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.