No. 300
10.48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40543

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: IRON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IRONTON
c. LENGTH OF STAY (In this place): 2 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
d. STREET ADDRESS (If rural, give location): S. MINE LA MOTTE

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WILLIAM
c. (Last): SELLARDS

4. DATE OF DEATH (Month) (Day) (Year): NOV. 29, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 14, 1886
9. AGE (In years last birthday): 63 — If under 1 year: Months 11, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: G.V. SELLARDS
13b. MOTHER'S MAIDEN NAME: MARTHA LONDON
14. NAME OF HUSBAND OR WIFE: EMILY F. SELLARDS

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: EMILY F. SELLARDS - FREDERICKTOWN, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) traumatic shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fractured ribs — 2 hours
DUE TO (c) hemorrhage into chest cavity — 2 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
6,8224 3/2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Frederick Town Madison Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 29, 1950 (3:30 P.m.)
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: automobile wreck overturned

22. *I hereby certify that I attended the deceased from* 11-29, 1950, *to* 11-29, 1950, *that I last saw the deceased alive on* 11-29, 1950, *and that death occurred at* 5:56 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland, M.D.
23b. ADDRESS: Ironton, Missouri
23c. DATE SIGNED: 12-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: CHRISTIAN CEMETERY
24d. LOCATION (City, town, or county) (State): FREDERICKTOWN, MO.

DATE REC'D BY LOCAL REG.: Dec. 7, 1950
REGISTRAR'S SIGNATURE: Mrs. Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: WEBB-ADAMSON, INC. Frederick town, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 6

'e 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 L. Polyan Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.