

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 2

1. PLACE OF DEATH  
 a. COUNTY PULASKI  
 b. CITY (If outside corporate limits, write RURAL and give township) Richland  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 a. STATE MO b. COUNTY PULASKI  
 c. CITY (If outside corporate limits, write RURAL and give township) Richland 0850  
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
 a. (First) MARY b. (Middle) ELLA c. (Last) SELLARS.

4. DATE OF DEATH (Month) (Day) (Year)  
12-29-1950

5. SEX Female  
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH Nov 18, 1870

9. AGE (In years last birthday) 80  
 If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_  
 If under 24 hrs: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
Housewife

11. BIRTHPLACE (State and country)  
Richland Co. Mo.

12. CITIZEN OF WHAT COUNTRY?  
US

13a. FATHER'S NAME  
John R. Armstrong

13b. MOTHER'S MAIDEN NAME  
Lucy Dodson

14. NAME OF HUSBAND OR WIFE  
A.M. Sellars. (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO NO

16. SOCIAL SECURITY NO.  
NONE.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Lattie Traw Richland

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive Pneumonia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Hypertension  
 DUE TO (c) Chronic Bronchitis

INTERVAL BETWEEN ONSET AND DEATH  
2 days

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
#34X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1950 to 12-29, 1950 that I last saw the deceased alive on Dec 29, 1950 and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
L. L. Andrews, M.D.

23b. ADDRESS  
Richland Mo.

23c. DATE SIGNED  
1-4-51

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)  
BURIAL

24b. DATE  
12/31/1950

24c. NAME OF CEMETERY OR CREMATORY  
Camp Ground

24d. LOCATION (City, town, or county) (State)  
Southland Rural Camdeno.

DATE REC'D BY LOCAL REG.  
1-8-51

REGISTRAR'S SIGNATURE  
Melma C. Buckner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Deepce Richland

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

850

Date Filed 1-8-51

File Number

Pulaski County Health Officer

RECEIVED 1-8-51

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

*R. B. Zupica*

Signed

Student Embalmer

Licensed Embalmer No.

3198

P. O. Address

*Richland*

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.