S. No. 300
Rev. 10-48

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9126

State File No. .....

0520
1

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 16

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

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City Mo.
c. LENGTH OF STAY (in this place): 88 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City Mo. 0520 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HATTIE b. (Middle) LEE c. (Last) SELLENS

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 30 1862
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 6 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Lear
13b. MOTHER'S MAIDEN NAME: Fannie Elston
14. NAME OF HUSBAND OR WIFE: Charles Sellens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fannie Harvey ADDRESS: Knox City 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) Hemorrhage of Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Obstruction
DUE TO (c) 5705

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Chronic Myocarditis — Several years

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) m.
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* Jan 27, 1951, *to* Mar 12, 1951, *that I last saw the deceased alive on* Mar 12, 1951, *and that death occurred at* 12:40 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo B. Isom MD
23b. ADDRESS: Knox City Mo
23c. DATE SIGNED: 3/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13 51
24c. NAME OF CEMETERY OR CREMATORY: Bee Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Knox Co. Mo.

DATE REC'D BY LOCAL REG.: Mar 19 1951
REGISTRAR'S SIGNATURE: Nelle S. Hurrell 151
25. FUNERAL DIRECTOR'S SIGNATURE: A. J. Seeger ADDRESS: Knox City Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAR 2 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-3'1-3'98
Date Filed: MAR 2 7 1951

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Date Filed:

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 ..... Keith Hudson

Signed .....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.