

FILED APR 24 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13172**

0560
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lewistown Highland</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewistown Highland</u>	
		d. STREET ADDRESS (If rural, give location) <u>R#3 0560</u>	
3. NAME OF DECEASED a. (First) <u>Bertha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Selves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 18 1876</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		<u>Lewis Co Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Selves</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Selves</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mary C Keller Lewistown Mo</u>
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) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary tuberculosis</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>1 yr.</u> <u>30 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X A</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 12, 1951</u> , to <u>April 12, 1951</u> , that I last saw the deceased alive on <u>April 12, 1951</u> , and that death occurred at <u>8:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry L. Brockman</u>		23b. ADDRESS <u>D. O. La Belle, Missouri</u>	
23c. DATE SIGNED <u>4/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>		24d. LOCATION (City, town, or county) (State) <u>1/2 mile North Durham, Lewis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/18/51</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>Ewing, Mo.</u>	

Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-772
Date Filed: APR 23 1951

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.