

No. 300  
10.48

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17103

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Bixby Mo. Ranolds Co. Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. LENGTH OF STAY (In this place) <b>6 Weeks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mountain View Nursing Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural.</b> d. STREET ADDRESS (If rural, give location) <b>Festus Mo.</b>	
3. NAME OF DECEASED a. (First) <b>Minerva</b> b. (Middle) <b>Catherin</b> c. (Last) <b>Sellers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 2 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 20 1888</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>6</b>	11. DAYS <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (State or foreign country) <b>Ranolds Co Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Marcus Lewis</b>	
13b. MOTHER'S MAIDEN NAME <b>Margret Barton</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Sellers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles Sellers Bixby Mo.</b> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Damage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Cardiovascular disease (Arteriosclerosis)</b> DUE TO (c) <b>secondary skin infection</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	
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>December 19 50</u> , to <u>March 19 51</u> , that I last saw the deceased alive on <u>5/1/51</u> , 19 51, and that death occurred at <u>7:52 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>L. H. Williams, M.D.</b>		23b. ADDRESS <b>Bismarck Mo.</b>	
23c. DATE SIGNED <b>5/4/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5 2 51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>Bismarck Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-8-51</b>		REGISTRAR'S SIGNATURE <b>Eleanor Bonnie Rep</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Sparks</b>		ADDRESS <b>Flat River Mo.</b>	

RECEIVED  
MAY 22 1951

JEFFERSON COUNTY HEALTH DEPT.  
WALTSBORO, MISSOURI  
DATE RECEIVED 5-15-51

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.

Signed John N. Shipman  
Student Embalmer

Student Embalmer No. 014  
Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.