

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19375

State File No.

FILED JUL 2 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>LAMAR</u>		c. LENGTH OF STAY (In this place) <u>8 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>LAMAR</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 Maple</u>				d. STREET ADDRESS (If rural, give location) <u>602 Maple</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u>		b. (Middle) <u>E.</u>		c. (Last) <u>SELLARS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JUNE 23 1861</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>MOORESVILLE, INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>DANIEL FOGLEMAN</u>			13b. MOTHER'S MAIDEN NAME <u>LETITIA COBLE</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM A. SELLARS</u>	
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. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ROY CRIBBETT LAMAR, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rt. Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163x</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) <u>163x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Aug 5th</u> , 19 <u>51</u> to <u>June 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>51</u> and that death occurred at <u>5:00 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. P. Card</u>				23b. ADDRESS <u>20 Lamar, Mo.</u>		23c. DATE SIGNED <u>June 16 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jun 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>LAMAR, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>JUN 18 1951</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</u>			

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

6661

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 26 1951

Dist. File 657-1382
Date Filed 6-29-51

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 Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.