

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27958**
Registrar's No. **229**

FILED SEP 11 1951

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|--|--|--|--|---|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 301 | | PRIMARY REG. DIST. NO. 6042 | | Registrar's No. 229 | |
| 1. PLACE OF DEATH a. COUNTY Ripley 0910 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley | | | |
| - b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly. Varner. Twp. | | c. LENGTH OF STAY (In this place) 48 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly. Varner. Twp. | | d. STREET ADDRESS (If rural, give location) 0910 Village of Oxly. 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Village of Oxly. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Preston c. (Last) SELBY. | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 26, 1951. | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. | | 8. DATE OF BIRTH Aug 22, 1879. | |
| 9. AGE (In years last birthday) 72. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter. | | 10b. KIND OF BUSINESS OR INDUSTRY Building. | | 11. BIRTHPLACE (State or foreign country) 0 Farmersville, Missouri. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Willard Selby. | | 13b. MOTHER'S MAIDEN NAME Anna Preston. | | 14. NAME OF HUSBAND OR WIFE Lydia Elizabeth Selby. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. 497-16-0873 | | 17. INFORMANT'S SIGNATURE OR NAME Leslie Selby. Oxly Mo. 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) labor pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) abdominal indigestion. DUE TO (c) with years of indetermi nature. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none ✓ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none. | | 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 Aug 25, 1951 , to Aug 26, 1951 , that I last saw the deceased alive on Aug 26, 1951 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. E. White M.D. (Degree or title) | | | | 23b. ADDRESS Waverly Mo. | | 23c. DATE SIGNED 8/27/1951 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL. | | 24b. DATE Aug 28, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery. | | 24d. LOCATION (City, town, or county) (State) Ripley County, Mo. | |
| DATE REC'D BY LOCAL REG. 8-28-51 | | REGISTRAR'S SIGNATURE H. E. White 277 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ray Meares, Doniphan Mo. | | | |

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

RECEIVED

SEP 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Ray Messers.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.