

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30595

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 190

493

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

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. LENGTH OF STAY (In this place) 3 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JASPER		0490
d. FULL NAME OF HOSPITAL OR INSTITUTION McLure Brooks Hospital			d. STREET ADDRESS (If rural, give location) /		

3. NAME OF DECEASED (Type or Print) James GEORGE WASHINGTON SELLS			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1951		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single - divorced	8. DATE OF BIRTH Dec. 18 1868	9. AGE (In years last birthday) about 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail section Hand		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? ?
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13a. FATHER'S NAME Samuel Sells		13b. MOTHER'S MAIDEN NAME Maranda Sells		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin Selvey Jasper			
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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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					
ANTECEDENT CAUSES	DUE TO (b) Chronic Nephritis				
	DUE TO (c) 592X				
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Jasper Mo	
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 **Oct 1, 1951**, to **Oct 1, 1951**, that I last saw the deceased alive on **10-1-51**, 19__, and that death occurred at ____, m., from the causes and on the date stated above.

23a. SIGNATURE H. E. Baker (Deputy or title)		23b. ADDRESS W. H. Washington Mo		23c. DATE SIGNED 10-7-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-3-51	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Jasper, Mo.		
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DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE L. B. Clinton MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Selvey Jasper, Mo.		
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RECEIVED 10-9-51
Jasper County Health Office

County File Number 51/10/283

Date Filed 10-9-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address *Lockwood, 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.