

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH** 5663

42176

State File No.

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 25664 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> <u>056th</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lyon</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lyon</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>Williamstown, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lelia</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Selway</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>Febr. 5, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (State or foreign country) <u>Williamstown, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas H. Carlin</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet E. Steele</u>	14. NAME OF HUSBAND OR WIFE <u>Wilbur F. Selway</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur F. Selway, Williamstown, Mo.</u> ADDRESS
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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, asthma, 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) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 19 1951, to Dec 20, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C.E. Todd, Jr.</u>	23b. ADDRESS <u>Williamstown Mo.</u>	23c. DATE SIGNED <u>12/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamstown Cemetery; WmTown; Lewis; Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>12/26/51</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl G. Buckley</u> ADDRESS <u>Williamstown Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21501 5/23 11/27

Date Received: **JAN 2 1952**
DISTRICT HEALTH OFFICE #2
District File Number 1-52-23
Date Filed: **JAN 7 1952**

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 *Earl H. Barkley* _____

Licensed Embalmer No. *2615* _____

P. O. Address *Lawton, Mo.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.