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

FILED FEB 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6072

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5997 Registrar's No. 8

1. PLACE OF DEATH

a. COUNTY PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMONS Wabam (township)

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI b. COUNTY PUTNAM

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POWERSVILLE 0860

d. STREET ADDRESS (If rural, give location) U

3. NAME OF DECEASED

a. (First) MARY b. (Middle) JENNETTE c. (Last) SELL

4. DATE OF DEATH FEBRUARY 14, 1952 (Month) (Day) (Year)

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH SEPT. 2, 1866 9. AGE (in years last birthday) 85 IF UNDER 1 YEAR 5 MONTHS 12 DAYS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ISAIAH C. SELL 13b. MOTHER'S MAIDEN NAME SARAH CAMPBELL 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME FERN BLANCHARD POWERSVILLE, MISSOURI 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic degenerative myocarditis ANTECEDENT CAUSES Arteriosclerosis & hypertension with chronic glomerulonephritis DUE TO (b) Arteriosclerosis & hypertension with chronic glomerulonephritis DUE TO (c) Chronic glomerulonephritis

II. OTHER SIGNIFICANT CONDITIONS Chronic glomerulonephritis Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443X

INTERVAL BETWEEN ONSET AND DEATH years years

20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1951, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE Chas L Judd Do (Degree or title) 23b. ADDRESS Unionville mo 23c. DATE SIGNED 2/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE FEB. 17, 1952 24c. NAME OF CEMETERY OR CREMATORY MEDICINEVILLE CEMETERY 24d. LOCATION (City, town, or county) (State) WAYNE COUNTY, IOWA

DATE REC'D BY LOCAL REG. 2-16-52 REGISTRAR'S SIGNATURE Maxwell Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME ADDRESS BY Special Contract UNIONVILLE, MO.

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

John W. Comstock

Signed.....

Student Embalmer

Licensed Embalmer No. *3891*

P.O. Address *Thionville, 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.