No. 300
10.48

FILED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32111

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3082 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg.
c. LENGTH OF STAY (in this place): 3da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural; Brooking township. 0460
d. STREET ADDRESS (If rural, give location): 55, Blue Ridge Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Charles
c. (Last): Selover Jr.

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952.

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: 25, Apr. 1934
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): College Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas City. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Charles Selover
13b. MOTHER'S MAIDEN NAME: Josephine Gentry.
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):
16. SOCIAL SECURITY NO.: 488-36-5869
17. INFORMANT'S SIGNATURE OR NAME: A. O. Selover. ADDRESS: Raytown. MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion — INTERVAL BETWEEN ONSET AND DEATH: 4 hs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shock, internal abdominal bleeding — 6 hs
DUE TO (c) Auto accident

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 ☐ 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): 048
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 9-14, 1952, *to* 9-16, 1952, *that I last saw the deceased alive on* 9-16, 1952 *and that death occurred at* 8:45 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles M. Leden MD
23b. ADDRESS: Warrensburg Mo
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 18, Sept. 1952.
24c. NAME OF CEMETERY OR CREMATORY: Brooking Cem.
24d. LOCATION (City, town, or county) (State): Raytown. MO.

DATE REC'D BY LOCAL REG.: Sept. 17, 1952
REGISTRAR'S SIGNATURE: Savannah Mitchell 147-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Sweeney Phillips. Warrensburg. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 22 1952
JOHNSON COUNTY HEALTH DEPT

MAR 4 1953

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 R. L. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.