

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34454

State File No. 36
 Registrar's No. 20522

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Linn	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Linn <u>0209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles S.W. of Stockton		d. STREET ADDRESS (If rural, give location) 8 Miles S.W. of Stockton	

3. NAME OF DECEASED (Type or Print) a. (First) ELZADA b. (Middle) HOLMAN c. (Last) SELL			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15, 1879	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 7 Days 14	11. UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Dade County, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Dan Holman	13b. MOTHER'S MAIDEN NAME Dulina Holman	14. NAME OF HUSBAND OR WIFE Ira Sell
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Sell, Stockton, Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broad pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rt. hemiplegia</u> DUE TO (c) <u>Arteriosclerotic hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>10 yrs.</u>
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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 6-12, 1943, to 10-29, 1952, that I last saw the deceased alive on 10-28, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>	23b. ADDRESS <u>Stockton, Mo.</u>	23c. DATE SIGNED <u>10-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-8-52</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u> <u>54-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John A. Cantlon, Stockton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Starkton, 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.