

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 3020 Registrar's No. 188

3620

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>St. Bernard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cotton</u> <u>80th</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>81</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>			

3. NAME OF DECEASED a. (First) <u>Berwyn</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Selmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 24th 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January 4th 1902</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central Phone Oper.</u>		11. BIRTHPLACE (State or foreign country) <u>Delgren Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>T. H. Dalany</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Pickle</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Selmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ted Vossbink Herald, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mellitus</u>		
	DUE TO (c) <u>Hypertension</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 <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 June 23, 1952, to Jan 27, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 3:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. J. Stuhlman M.D.</u>		23b. ADDRESS <u>Union 190</u>		23c. DATE SIGNED <u>12-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/27/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	
24d. LOCATION (City, town, or county) (State) <u>Herald Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Dec. 27, 1952</u>		REGISTRAR'S SIGNATURE <u>F. C. Heidman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Olthoff Union, Mo.</u>	
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UNION, MO. 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 _____

E. F. Oltman

Licensed Embalmer No. 586

P. O. Address Union, 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.