

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8594

State File No. _____

FILED FEB 21 1953

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 454X Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>RURAL NIANGWA</u>		c. CITY OR TOWN <u>RURAL NIANGWA</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>PERCY</u>			b. (Middle)		
c. (Last) <u>SELL</u>			Month <u>FEB</u> Day <u>6</u> Year <u>1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)
<u>NEVER MARRIED</u>			<u>MAY 18 1884</u>		<u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>FARMER</u>				<u>NIANGWA MO</u>	
12a. FATHER'S NAME			12b. CITIZEN OF WHAT COUNTRY?		
<u>GEORGE SELL</u>			<u>USA</u>		

13a. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>HARRIET WHITTENBURG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
<u>YES - W.W.I.</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
		<u>HARVEY SELL NIANGWA MO</u>	
ADDRESS		<u>NIANGWA MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cardio-Vascular Hypertensive Disease</u>		<u>15 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Terminal Event: Cerebral Hemorrhage</u>		<u>few hours</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)			
Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" 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 April 15, 1946 to Feb. 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>C. R. Macdonald, M.D.</u>		<u>Marshfield, Mo.</u>		<u>2/8/1953</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>2-9-1953</u>		<u>NIANGWA MO</u>		<u>NIANGWA MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>2-17-53</u>		<u>[Signature]</u>		<u>392 BARBER-BARTO MARSHFIELD</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 3848

P. O. Address 7th Avenue

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.