

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9187**
REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **26**

FILED MAR 31 1953

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

1. PLACE OF DEATH a. COUNTY Chinton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Chinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. LENGTH OF STAY (in this place) 1 1/2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shirel 0250	
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Marcus c. (Last) Selle		4. DATE OF DEATH (Month) (Day) (Year) March 24 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-4-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (in years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 60 Hrs. Mts.
11a. FATHER'S NAME Stevens Selle		11b. MOTHER'S MAIDEN NAME Emily Bushner	11. BIRTHPLACE (City and State or Foreign Country) Clinton Co Mo
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. NAME OF HUSBAND OR WIFE Bushner Maude Selle (deceased)		17. INFORMANT'S SIGNATURE OR NAME Glen E. Selle ADDRESS Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 9 days ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis 5 years DUE TO (c) Generalized arteriosclerosis 5 years 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 4201	
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) (Min.)		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 3-13 , 1953, to 3-24 , 1953, that I last saw the deceased alive on 3-24 , 1953, and that death occurred at 10:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. Hetherington (Degree or title) M.D.		23b. ADDRESS Cameron Mo	
23c. DATE SIGNED 3-24-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26 1953	
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem		24d. LOCATION (City, town, or county) (State) Cameron Mo	
DATE REC'D BY LOCAL REG. 3-28-53		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Cameron	

APR 17 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 Robert F. Poland.

Licensed Embalmer No. 4727

P. O. Address Camden, N.J.

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.