

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10608**

LED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **309** PRIMARY REG. DIST. NO. **3043** Registrar's No. **112**

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

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN XXXXXXXX Perry, Mo. 0870.	
c. LENGTH OF STAY (In this place) 3 Wks.		d. STREET ADDRESS (If rural, give location) Perry, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bert	b. (Middle) E.	c. (Last) Selleck.	4. DATE OF DEATH (Month) (Day) (Year) March, 2, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1877	9. AGE (In years last birthday) 75	10 UNDER 1 YEAR Months 5 Days 2	11 OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ed Selleck.	13b. MOTHER'S MAIDEN NAME Sarak Thorpe	14. NAME OF HUSBAND OR WIFE Mary E. Selleck.
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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. 486-18-9089	17. INFORMANT'S SIGNATURE OR NAME Mary E. Selleck	ADDRESS Perry, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain compression extra neural systems		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491x	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) _____	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 **Feb 4, 1953** to **March 2, 1953** that I last saw the deceased alive on **2 March 1953**, and that death occurred at **7:55 PM.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. P. [Signature]	(Degree or title) M.D.	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 3-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-5-1953	24c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery	24d. LOCATION (City, town, or county) (State) Ralls County, Mo.
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DATE REC'D BY LOCAL REG. 3-13-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE By [Signature]	ADDRESS Perry, Missouri
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RECEIVED MAR 16 1953
MARION CO. HEALTH DEPT.
DATE FILED MAR 16 1953

H. Roller

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 *Clyde W. Wiley* _____

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.