

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42378**

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>CLAYTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. LENGTH OF STAY (in this place) <u>4 WK.</u>	c. CITY OR TOWN <u>LATHROP</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE CIVIL HOSP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0201</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALLIE</u>	b. (Middle) <u>MAR</u>	c. (Last) <u>SELLARS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-14-1953</u>
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5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1897</u>	9. AGE (In years) last birthday <u>57</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Providence, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Elliott Pyles</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Claud Sellars</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO REP.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute yellow atrophy liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Hepatitis</u> DUE TO (c)		
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>Acute yellow atrophy liver</u>	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) <u>092X</u>
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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 Nov 1, 1953, to 12-14, 1953, that I last saw the deceased alive on 12-14, 1953 and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. S. Selman, M.D.</u>	23b. ADDRESS <u>Smithville, Mo.</u>	23c. DATE SIGNED <u>12-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-17-53</u>	REGISTRAR'S SIGNATURE <u>Marquerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>De Mess Creek Cameron, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

6000

V.S. No. 300  
Rev. 10-48

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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.....  
Signature of Student Embalmer

Signed..... *Harold S. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lathrop, Ia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.