

No. 300
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FILED AUG 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29578

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4512 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Hallerstein</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 week</u>		e. STREET ADDRESS (If rural, give location) <u>P.O. Box</u> 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knapp's Heart</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leroy</u> b. (Middle) <u>Gar</u> c. (Last) <u>Sellers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 20-1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter finish</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry W. Sellers</u>		13b. MOTHER'S MAIDEN NAME <u>Zelich Sellers</u>		14. NAME OF HUSBAND OR WIFE <u>Manny Sellers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-6187</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Manny Sellers</u> ADDRESS <u>Hallerstein 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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 _____	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) <u>4200</u>
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 Aug 5, 1951, to 8/15, 1954, that I last saw the deceased alive on 8/15, 1954, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Magese M.D.</u>		23b. ADDRESS <u>Branson, MO</u>		23c. DATE SIGNED <u>8-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nash</u>	24d. LOCATION (City, town or county) (State) <u>Walnut Shade MO</u>	
DATE REC'D BY LOCAL REG. <u>8-24-54</u>	REGISTRAR'S SIGNATURE <u>S.E. Copeman</u> 376	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Home</u> ADDRESS <u>Branson MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Minnie J. Wheelshel*.....

Licensed Embalmer No. *227*.....

P. O. Address *Ransom*.....

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.