FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16389

BIRTH NO. 124 38120-55 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. FRancoS
c. CITY OR TOWN: Bonne Terre
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 094/0

3. NAME OF DECEASED (Type or Print): a. (First) Arnold Lee b. (Middle) Sellers c. (Last)
4. DATE OF DEATH (Month) June (Day) 7, (Year) 1955
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 7, 1955
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 0, Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Floyd Sellers
13b. MOTHER'S MAIDEN NAME: Polly Parker
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Floyd Sellers — ADDRESS: Ft. Lewis, Wash.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE BIRTH — INTERVAL BETWEEN ONSET AND DEATH: 10"

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.

DUE TO (b) WT. 1# 8 oz.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 776X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6·7, 1955, *to* 6·7, 1955, *that I last saw the deceased alive on* 6·7, 1955, *and that death occurred at* 936 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alvan G Karraker (Degree or title) M.D.
23b. ADDRESS: 301 W. Liberty, Farmington, Mo.
23c. DATE SIGNED: 6·9·55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-1955
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove
24d. LOCATION (City, town, or county) (State): Viburnin, Mo.

DATE REC'D BY LOCAL REG.: June 9, 1955
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE: Shipman & Sons — ADDRESS: Bismarck, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John M. Shipman

Licensed Embalmer No. 488

P. O. Address Bismarck, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.