

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29335**

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5330** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Rural Osage	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Dillard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. NE of Dillard, Mo.		f. STREET ADDRESS (If rural, give location) 0280	

3. NAME OF DECEASED (Type or Print) Ira Sellers	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9-15-55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-26-99	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 0 Days 20	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Davisville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Geo. W. Sellers	13b. MOTHER'S MAIDEN NAME LAWRA E. MALLOW	14. NAME OF HUSBAND OR WIFE ALPHA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-22-8876	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ira Sellers	ADDRESS steelville Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		3 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular accident & l of hemiparesis		1 yr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200.	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)
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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 **June, 1954** to **Sept 15, 1955**, that I last saw the deceased alive on **Sept 1, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard Jones MD	23b. ADDRESS St. Louis 3720 Washington	23c. DATE SIGNED 9-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-18-55	24c. NAME OF CEMETERY OR CREMATORY Sellers Cemetery	24d. LOCATION (City, town, or county) (State) Dillard Mo.
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DATE REC'D BY LOCAL REG. 9/24/55	REGISTRAR'S SIGNATURE Mrs. Hazel Schuman	25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas	ADDRESS Steelville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEES

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 *Harry M. Jones*.....
Licensed Embalmer No. *262*
P. O. Address *Steelville*

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.