

FILED OCT 5 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30160

BIRTH NO. 10184 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 3047 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN		c. CITY OR TOWN FREDERICKTOWN	
c. LENGTH OF STAY (in this place) 18 mos.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 HIGH ST.		STREET ADDRESS (If rural, give location) 310 HIGH ST. 06210	

3. NAME OF DECEASED a. (First) MARCUS b. (Middle) LYNN c. (Last) SELLARDS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH APRIL 15, 1953
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 4 Days 29		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME ROBERT SELLARDS		13b. MOTHER'S MAIDEN NAME DELORIS HUTCHINGS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT SELLARDS - FREDERICKTOWN, MO.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Brain		INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) (This was an identical twin.)			
DUE TO (c) (His brother died with same kind of brain tumor a year or so before this one's death)		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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Jan 1955**, to **Sept 14, 1955**, that I last saw the deceased alive on **Sept 14, 1955**, and that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Slaughter (Degree or title) M.D.		23b. ADDRESS 195 W. Main Fredericktown		23c. DATE SIGNED 9-10-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		24d. LOCATION (City, town, or county) (State) MADISON CO. MO.	
DATE REC'D BY LOCAL REG. 9-27-1955		REGISTRAR'S SIGNATURE Florence Hickox		25. FUNERAL DIRECTOR'S SIGNATURE V. A. Dawson		ADDRESS FREDERICKTOWN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
OCT 3 - 1955
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FILE No. 1022-44

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 Raymond Wilson

Licensed Embalmer No. 489

P. O. Address Frederick

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.