

FILED OCT 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30365

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>2052</u> Registrar's No. <u>261</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Campbell Nursing Home</u>			STREET ADDRESS (If rural, give location) <u>Campbell Nursing Home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MECCA</u>		b. (Middle) <u>F.</u>		c. (Last) <u>SELKEN</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1955</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 25, 1884</u>		9. AGE (In years last birthday) <u>71</u>	
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 <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eli Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>John Selken (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NON E</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Bunnell, Enid, Okla.</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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis agitans</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 350X		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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) ***	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ***		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ***	
22. I hereby certify that I attended the deceased from <u>Sept 5, 1948</u> , to <u>Oct 4, 1955</u> , that I last saw the deceased alive on <u>Oct 3, 1955</u> , and that death occurred at <u>1025 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Glenn A. Walker D.O.</u>		(Degree or title)		23b. ADDRESS <u>Sedalia, Missouri</u>	
23c. DATE SIGNED <u>50 Oct 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Beckert</u>	
DATE REC'D BY LOCAL REG. <u>10-6-55</u>		REGISTRAR'S SIGNATURE <u>Quinn B. Bantz, Deputy</u>		ADDRESS <u>Sedalia, Mo.</u>	

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Russell C. Maag

Licensed Embalmer No.....48

P. O. Address.....Sedalia

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.