

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32767

FILED NOV 8 1955

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>				
b. CITY OR TOWN <u>Rural Boone</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Rural Leslie Mo.</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>Leslie Mo R.H.R.</u> 03U-0				
3. NAME OF DECEASED (Type or Print) <u>Gena C. Selengbier</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Selengbier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Oct 21 1876</u>		9. AGE (In years last birthday) <u>79</u>	IF ORDER: YEAR <u>0</u> MONTH <u>12</u> DAY _____	IF ORDER: HRS. _____ MIN. _____	
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Jeffersburg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Sellake</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Chermier</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Selengbier</u> ADDRESS <u>Leslie 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				DUPLICATE OF (b) <u>Senility + arteriosclerosis</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4500				
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) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leslie Boone Franklin Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 3 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Ernest L. Oltmans</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Leslie, Mo.</u>		23c. DATE SIGNED <u>Nov 4, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Luth</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 4. 1955</u>		REGISTRAR'S SIGNATURE <u>John Charles Fralyn</u> 503		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u> ADDRESS <u>Beaufort 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 E. H. Lemme Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E H Lemme

Licensed Embalmer No. 307

P. O. Address Beaufort

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.