

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No. **10332**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 98

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois County</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Farmington</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Franklin Street</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY OR TOWN <u>Farmington</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>North Franklin Street</u> <span style="float: right;">094/2</span>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Martin</u> c. (Last) <u>Self</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar.</u> <u>16.</u> <u>1956</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 31, 1872</u>	<b>9. AGE (In years last birthday)</b> <u>84</u>	<b>IF UNDER 1 YEAR</b> Days <u>1</u>	<b>IF UNDER 2 HRS.</b> Hours <u>15</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired miner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <input checked="" type="radio"/> <u>Irondale, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>John Self</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Emily Weddle</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>deceased</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>George Self Afton, Missouri</u>

<b>18. CAUSE OF DEATH</b> 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. <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES _____ DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ <b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 yrs.</u>	
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	

22. I hereby certify that I attended the deceased from Jan 1956 to 3-16, 1956, that I last saw the deceased alive on 1-21-56, 1956, and that death occurred at 8 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>C. E. Carleton M.D.</u>	<b>23b. ADDRESS</b> <u>Farmington Mo</u>	<b>23c. DATE SIGNED</b> <u>3-16-56</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>Mar. 18, 56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Doe Rtn Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>near Farmington</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>Mar. 16, 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Eather Rudloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Cozean Funeral Home -Farmington, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1955

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.....  
*C. Herzer*

Licensed Embalmer No..... 4

P. O. Address.....  
*Farrington*

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