

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41286

State File No.

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4227 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Craig</u>		c. CITY OR TOWN <u>Craig</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		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 <u>Craig, Mo.</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Sells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>August 5, 1863</u>	9. AGE (in years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>on farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hancock County, Ill.</u>	12. CITIZENSHIP OF COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lewis Sells</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Wedding</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Bootwick - Craig, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>_____</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	DUE TO (b) <u>_____</u>		
	DUE TO (c) <u>593.X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 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 June, 1946, to Dec, 1956, that I last saw the deceased alive on Dec 21, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bruce M. Ra</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Grand City</u>	23c. DATE SIGNED <u>12/21/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>	24b. DATE <u>12/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rulo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rulo Neb.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-1956</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schoeder - Craig, Mo.</u>	ADDRESS _____
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 Myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Schoeler.....

Licensed Embalmer No. 399.....

P. O. Address Craig, Mo.....

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.