

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4071

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE CO</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>1729 MISSISSIPPI</u>	
3. NAME OF DECEASED (Type or print) First <u>RAYNE</u> Middle <u>CARDWELL</u> Last <u>SELLERS</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT 15 1918</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAW MILL</u>		9b. KIND OF BUSINESS OR INDUSTRY		9c. AGE (In years last birthday) <u>39</u>		9d. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAW MILL</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>DILLARD MO</u>	
13. FATHER'S NAME <u>LEE SELLER</u>				14. MOTHER'S MAIDEN NAME <u>RACHEL REUSE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>720-12-6550</u>		17. INFORMANT <u>MYRTLE MAYFIELD</u>		Address <u>CHESTER ILL.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>12 GAUGE SHOT GUN WOUND LOWER RIGHT CHEST</u> <u>JUSTIFIABLE HOMICIDE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>SHOT BY ALFRED HOFFMAN SELF DEFENCE</u>				
20c. TIME OF INJURY Hour <u>2:15</u> a. m. <u>pm.</u> Month <u>JAN</u> Day <u>5</u> Year <u>1958</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>STE. GENEVIEVE CO MO</u>		20e. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE CO MO</u>		
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>STE. GENEVIEVE CO MO</u>		20h. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE CO MO</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Leo C. Basler</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Ste. Genevieve Mo</u>			22c. DATE SIGNED <u>1/7/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>JAN 8 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>			23d. LOCATION (City, town, or county) (State) <u>VIVERRIAN MO</u>	
24. FUNERAL DIRECTOR <u>McLaughlin</u> ADDRESS <u>2301 Lafayette St. St. Louis Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Jan. 8, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Leo C. Basler</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 14 1958

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. G. Farris*

Licensed Embalmer No. *330*

P. O. Address *St. Louis*

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.