

FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006158

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 47

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |   |  |
| a. COUNTY <u>JASPER MINERAL</u>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR <u>Webb City RI</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |  | a. STATE <u>KANSAS</u>   |  | b. COUNTY <u>CHEROKEE</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b<br>HOSPITAL OR INSTITUTION <u>Elm Hearst Hosp. 3 weeks</u>   |  |  |  | c. CITY OR TOWN <u>GALENA</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| d. STREET ADDRESS (If outside, give location) <u>501 Joplin St</u>  |  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |   |  |
| 3. NAME OF DECEASED (Type or print)   |  |  |  | 4. DATE OF DEATH   |  |   |  |
| First <u>AMY</u>  |  | Middle <u>H.</u>   |  | Last <u>SELLER</u>   |  | Month <u>FEB.</u> Day <u>28</u> Year <u>1958</u>  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>Nov. 22, 1876</u>   |  |
| 9. AGE (In years last birthday) <u>81</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>Housewife</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Hopkinsville Ky.</u>                                |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13. FATHER'S NAME <u>Rufus K. Arnold</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Annie Noel</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT <u>Lec Anna Smack</u> Address <u>Charleston, Ill</u>   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per life] for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>Senility</u> |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Inst.</u><br><u>20 yrs</u><br><u>20 yrs</u>                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>   |  |  |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/>  |  | SUICIDE <input type="checkbox"/>   |  | HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)      |  |
| 20c. TIME OF INJURY<br>Hour <u>3:55</u> Month <u>Feb</u> Day <u>27</u> Year <u>57</u><br>a. m. <u>p.</u> m.   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION <u>Galena Kansas</u> COUNTY STATE                                    |  |
| 21. I attended the deceased from <u>Nov 57</u> to <u>28 Feb 57</u> and last saw her alive on <u>15 Feb 57</u><br>Death occurred at <u>3:55 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title) <u>Robert S Powell MD</u>  |  |  |  | 22b. ADDRESS <u>Galena Kansas</u>  |  | 22c. DATE SIGNED <u>28 Feb 58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>March 4, 1958</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri R.F.D.</u>                   |  |
| 24. FUNERAL DIRECTOR <u>Roy L. Deafelt</u> ADDRESS <u>Galena Kan.</u>   |  | 25. DATE RECD. BY LOCAL REG. <u>3-3-58</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>   |  |   |  |

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, ~~\_\_\_\_\_~~..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ray L. Derfelt*.....  
Licensed Embalmer No. 494

P. O. Address *Salena*

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.