

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017797

STATE FILE NUMBER

FILED MAY 27 1958

Registration District No.

120

Primary Registration District No.

5448

Registrar's No.

210

300
1-570
360

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Buena Vista	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Huggins Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Strom Lake <i>8140g</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION N.W. of Albany		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harriet Middle Jane Last Selleck			4. DATE OF DEATH Month May Day 19 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July. 16. 1878	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Orgil, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Henry Garton	13b. MOTHER'S MAIDEN NAME Sarah J. Latin	14. NAME OF HUSBAND OR WIFE William Selleck
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Ira Selleck	Address Gentry, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH two weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) 431X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour 3:45 Month May Day 19 Year 1958 a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany, Missouri	COUNTY Iowa	STATE
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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 Albany, Missouri	COUNTY Iowa	STATE
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21. I attended the deceased from 6-May-1958 to 19-May-1958 and last saw her alive on 18-May-1958 Death occurred at 3:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>D. D. Merrill</i> (Degree or title) D.O.	22b. ADDRESS Albany, Missouri	22c. DATE SIGNED 19-May-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/20/58	23c. NAME OF CEMETERY OR CREMATORY Albert City	23d. LOCATION (City, town, or county) (State) Alberb City Iowa
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24. FUNERAL DIRECTOR Clifford Brooks Albany, Mo.	25. DATE RECD. BY LOCAL REG. 5-20-58	26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Student
Signature of Student Embalmer

Signed Donald E. Coohell.....

Licensed Embalmer No. 4868
P. O. Address Albany, 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.