

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029256
STATE FILE NUMBER 3797

FILED AUG 20 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL-25 YEARS		d. STREET ADDRESS (If outside, give location) 5729 TRACY AVE	
3. NAME OF DECEASED First Middle Last LOUISE MARIE SELLMER			4. DATE OF DEATH Month Day Year Aug-7-1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-18-1890
9. A. (In years (birthday)) IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCTION MANAGER		10b. KIND OF BUSINESS OR INDUSTRY SARATE PALMOLIVE COMPANY	11. BIRTHPLACE (City and state or country) MILWAUKEE WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JULIUS SELLMER	
13b. MOTHER'S MAIDEN NAME ALICE BUTTON		14. NAME OF HUSBAND OR WIFE -----	
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. 510-07-1941	17. INFORMANT PAUL E. SELLMER Address 3808 No. MURRAY SHOREWOOD, WISC.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and acute respiratory failure DUE TO (b) massive Right Intracerebral hemorrhage DUE TO (c) arteriosclerosis and hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 AM - 8-6-58 to 1:15 AM 8-7-58 3:31
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.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		COUNTY STATE	
21. I attended the deceased from 8/6-58, to 8-7-58 and last saw her/him alive on 8-7-58 Death occurred at 1:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Grover N. Gillum		22b. ADDRESS 926-E-11th ST	
22c. DATE SIGNED 8-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE Aug-7-1958		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) MILWAUKEE WISCONSIN		(State)	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-7-58	
26. REGISTRAR'S SIGNATURE Irene Minshall			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Grover N. Gillum



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 *W. Nelson*

Licensed Embalmer No. *4421*
P. O. Address *Kansas City*

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.