

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031536

STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 155

S. 300  
v. 1-57

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada</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>Nevada Hospital</u>			Length of stay in 1b <u>10 years</u>		d. STREET ADDRESS (If outside, give location) <u>510 East Cherry</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>William</u> Last <u>Sell</u>				4. DATE OF DEATH Month <u>August</u> Day <u>10</u> Year <u>1958</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</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>1879</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Hamilton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Burger Sell</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Ellen Owen Sell</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>514-14-7539</u>		17. INFORMANT <u>Mrs. Ellen Sell</u> Address <u>Nevada, Missouri</u> <u>510 East Cherry</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>Gastro-entero-colitis.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>						<u>5711</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced age.</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>none</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>_____</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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.) <u>_____</u>			20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 8</u> to <u>Aug 10-58</u> and last saw him alive on <u>Aug 10-58</u> Death occurred at <u>10:30 p.m.</u> on the <u>10</u> day stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. E. Love MD</u> (Degree or title)				22b. ADDRESS <u>Nevada, Mo</u>		22c. DATE SIGNED <u>8-13-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wichita Park Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>		
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>8-18-1958</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

OCT 4 1952

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 *B. Angelo Ferry* .....

Licensed Embalmer No. *4960* .....

P. O. Address *Nevada* .....

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.