

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040189
STATE FILE NUMBER
5265

FILED NOV. 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5265

300
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1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) INSPIRIT OF <i>Linwood Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>1315 Linwood</i>	
Length of stay in lb <i>10 years</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Floyd</i> Middle <i>Beldon</i> Last <i>Sellen</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>6</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-23-1903</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Millwright</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Local 1529</i>		11. BIRTHPLACE (City and state or country) <i>Montreal, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Marion Sellen</i>		13b. MOTHER'S MAIDEN NAME <i>Gibba J. Winfrey</i>		14. NAME OF HUSBAND OR WIFE <i>Jessie Sellen</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>495-12-0689</i>		17. INFORMANT <i>Jessie Sellen</i> Address <i>1315 Linwood K. C. Mo.</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.) <i>4000</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			

20d. INJURY OCCURRED WHILE AT <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 _____ 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 <i>H. Queyer</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>City Hall Kansas City Mo.</i>		22c. DATE SIGNED <i>11-6-58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Nov-6-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Freedom Cemetery</i>		23d. LOCATION (City, town, or country) (State) <i>Montreal, Mo</i>	
24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc.</i> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <i>11-6-58</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
H. L. DWYER

All diseases in Part I must be causally related.

1691 Bar
2116 Faye



DEC 5 1958

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. C. Purine*

Licensed Embalmer No. *4879*

P. O. Address *A. P. M.*

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.