

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044575

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 535

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RAYTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>RAYTOWN</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		Length of stay in lb <u>1 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>8816 E 72 TERR</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>W</u> Last <u>Sells</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>20</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</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>JUNE 16, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>53</u>
11. BIRTHPLACE (City and state or country) <u>K.C. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Sells</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Goodman</u>	14. NAME OF HUSBAND OR WIFE <u>Reba Sells</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>440-07-1387</u>	17. INFORMANT <u>Mrs Reba Sells</u> Address <u>8816 E 72 Terr.</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>Myocardial infarction</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <u>immediate</u> <u>immediate</u>
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 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 _____ 1956 to _____ 1958 and last saw her alive on <u>12-20-'58</u> Death occurred at <u>9:30 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. LaFoe M.D.</u>		22b. ADDRESS <u>5811 Fremont Rd. Mo.</u>	22c. DATE SIGNED <u>12-20-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 23, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	23d. LOCATION (City, town, or county) (State) <u>RAYTOWN Mo.</u>
24. FUNERAL DIRECTOR <u>Repley Hinton</u> ADDRESS <u>Raytown Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Reba Sells</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATE LICENSE NUMBER

Yes No
 Yes No
 Yes No
 Yes No

JAN 2 1958

IN OTHER YEAR TO WHICH THIS
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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 _____, Student Embalmer No. _____

working under my personal supervision.

Signed *John R. Didmon*
 Licensed Embalmer No. 4531
 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.