

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022473  
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 292 Primary Registration District No. Registrar's No. 18

300  
1-57  
70

1. PLACE OF DEATH a. COUNTY <b>RALLS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RALLS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NEW LONDON</b>		c. CITY OR TOWN <b>NEW LONDON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spencer Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>0870</b>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>GROVER</b> Last <b>SELLERS</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>26</b> Year <b>1959</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 28 - 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MONROE Co. TENN</b>
13a. FATHER'S NAME <b>JOHN W. SELLERS</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA KIZER</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Morrison Sellers</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-05-7940</b>	17. INFORMANT Address <b>Mrs. Florence Sellers New London Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sarcoma (Left hip)</b> DUE TO (b) <b>unknown</b> DUE TO (c) <b>Unknown</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None Known</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
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 <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 <b>May 20, 1958</b> , to <b>June 26, 1959</b> and last saw <sup>him</sup> alive on <b>June 23, '59</b> . Death occurred at <b>New London, Mo. 6:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. H. Brooks DO</b>		22b. ADDRESS <b>Center, Mo.</b>	22c. DATE SIGNED <b>6-27-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 27 - 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BARKLEY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>NEW LONDON Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>MEGOWN FUNERAL Home FRANKFORD</b>		25. DATE RECD. BY LOCAL REG. <b>7/1/59</b>	26. REGISTRAR'S SIGNATURE <b>Clyde L. Wilsey</b>

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.

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 *Jane Fields Meyers* .....

Licensed Embalmer No. *4093* .....

P. O. Address *Franklin No.* .....

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.

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