

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 6 2

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Camden.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. COUNTY Camden.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aulglaze Township.		Length of stay in 1b life.	c. CITY OR TOWN Richland, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland, Mo rt# 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.
3. NAME OF DECEASED (Type or print) First Charles. Middle Anthony Last Sellers.		4. DATE OF DEATH Month December Day 10, Year 1959	
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/30/1896
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Stoutland, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME David A. Sellers.	
13b. MOTHER'S MAIDEN NAME Emma Hartman.		14. NAME OF HUSBAND OR WIFE Oma Buelah Sellers.	
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. 560-10-0736	17. INFORMANT Address Mrs. Edward Winfrey Montreal, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis DUE TO (b) Anginal Spasms DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 15 Oct to Death and last saw him alive on 4 Dec 59 Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Luan M. Ward (Degree or title) M.D.		22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 12/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/13/59	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery	23d. LOCATION (City, town, or county) (State) Stoutland, Mo.
24. FUNERAL DIRECTOR Loggess Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. Dec. 12-1959	26. REGISTRAR'S SIGNATURE Zilpha J. Inaw.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 22 1958

DEC 28 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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Lance E. Mass

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.