

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001234

FILED VS. JAN 12 1960 / 133

Primary Registration District No. 3022 Registrar's No. _____

STATE FILE NUMBER 177

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <input type="checkbox"/> a. STATE Mo. b. COUNTY Harris on			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in lb 10 min		c. CITY OR TOWN Bethany		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reed Hospital				d. STREET ADDRESS (If cursive, give location) Central St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Elbert Selby				4. DATE OF DEATH Month Day Year 1-8-60			
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 4-6-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 9 Days 2	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) assessor			10b. KIND OF BUSINESS OR INDUSTRY co. assessor		11. BIRTHPLACE (City and state or country) Harrison Co. Mo	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John F. Selby			13b. MOTHER'S MAIDEN NAME Mary Sutton		14. NAME OF HUSBAND OR WIFE Viola		
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. 510-09-3073	17. INFORMANT Address Viola Selby, Bethany, 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) Acute Coronary Occlusion DUE TO (b) Coronary Artery Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 30 min. 2 yrs
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 type="checkbox"/>	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							
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 12-3-57 to 1-8-60 and last saw him ^{X PER} live on 1-8-60 Death occurred at 6:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Henry D.O.				22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 1-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/11/60	23c. NAME OF CEMETERY OR CREMATORY Antioch		23d. LOCATION (City, town, or county) Bethany, Mo.			
24. FUNERAL DIRECTOR ADDRESS W. Haas Bethany, Mo.			25. DATE RECD. BY LOCAL REG. 1-9-1960		26. REGISTRAR'S SIGNATURE Jella Maxey		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

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 W. B. Laas

Licensed Embalmer No. 389

P. O. Address. Bethany

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.