

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005707

FILED VS FEB 23 1960

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 15 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dent County, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage TWP. Howes Mill, Mo.</b> Length of stay in 1b <b>60yr.</b>		c. CITY OR TOWN <b>Howes Mill, Missouri</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mol Osage TWP. Howes Mill</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>Bixby Rt. Salem, Mo.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>James Otis</b> Middle <b>Sellers</b> Last _____			4. DATE OF DEATH Month <b>Feb.</b> Day <b>17,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-29-1879</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Eldarado, Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Wm. Sellers</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hedrick, Sellers</b>		14. NAME OF HUSBAND OR WIFE <b>Neomie Richardson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Virgil Parker, Salem, Missouri</b> Address _____		

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>Natural Causes (verdict of coronar's jury)</b>		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)		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 _____ 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at **12:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

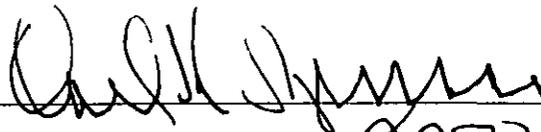
22a. SIGNATURE <b>M. M. Hart, M.D.</b> (Deceased or title)		22b. ADDRESS <b>Salem, Missouri</b>		22c. DATE SIGNED <b>2/18/60</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-20-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cem.</b>	23d. LOCATION (City, town, or county) <b>Salem, Missouri</b> (State)	
24. FUNERAL DIRECTOR <b>SPENCER FUNERAL HOME INC.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>2/18/60</b>	26. REGISTRAR'S SIGNATURE <b>M. M. Hart, M.D. by a.m.</b>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**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 

Licensed Embalmer No. 9370

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.