

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022902

FILED VS JUL 11 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 718A

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Douglas</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>1wk</b>		c. CITY OR TOWN <b>Ava,</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>Burge</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 4,</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <b>James A. Sell</b>				4. DATE OF DEATH Month Day Year <b>June 28, 1960</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>10-14-98</b>		9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Worked for State Highway Dept.</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Douglas County, Mo. USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>JOSEPH W. SELL</b>				13b. MOTHER'S MAIDEN NAME <b>CORA ELBA SELL</b>				14. NAME OF HUSBAND OR WIFE <b>FLORENCE SELL</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>500-12-2009</b>		17. INFORMANT Address <b>Florence Sell, Ava, Mo. R. 4</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>Right upper lobe pneumonia</b> DUE TO (b) <b>Postoperative caeliotomy for</b> DUE TO (c) <b>partial intestinal obstruction</b> 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) <b>Carcinoma sigmoid colon.</b>										INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b> <b>1 week</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <b>Springfield Mo.</b>		COUNTY <b>Douglas</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>January 1960</b> to <b>28 June 1960</b> and last saw him <sup>her</sup> live on <b>28 June 1960</b> Death occurred at <b>3:15 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>William W. Wood MD</b> (Degree or title)						22b. ADDRESS <b>Springfield Mo.</b>			22c. DATE SIGNED <b>5 July 1960</b> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-1-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fannon</b>				23d. LOCATION (City, town, or county) <b>Ava, Missouri</b>			
24. FUNERAL DIRECTOR <b>Clinkingbeard Funeral Home, Ava, Mo.</b> ADDRESS						25. DATE RECD. BY LOCAL REG. <b>7-7-1960</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 11 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 Lyle C. Climbingsbear

Licensed Embalmer No. 4830

P. O. Address Avon, Mo.

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.