

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043088

FILED VS NOV 23 1960 78

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137

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>			Length of stay in 1b <u>64</u>	c. CITY OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>510 SEVENTH ST</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>510 SEVENTH ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LYMAN</u> Middle _____ Last <u>SELLERS</u>				4. DATE OF DEATH Month <u>NOV</u> Day <u>16</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-1-1883</u>	9. AGE (last birthday) <u>77</u>	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) <u>ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CITY WATER DEPT</u>		11. BIRTHPLACE (City and state or country) <u>PIKE CO, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE SELLERS</u>			13b. MOTHER'S MAIDEN NAME <u>MAGGIE YINION</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH SELLERS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>498-36-7070</u>	17. INFORMANT Address <u>SARAH SELLEAS LOUISIANA MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			<u>Pyelonephritis</u>				<u>3 months</u>
DUE TO (b)			<u>Incomplete bladder obstruction and asiding infection</u>				<u>6 months</u>
DUE TO (c)			<u>Arteriosclerotic cardio-vascular disease</u>				<u>1 yr</u>
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 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 <u>1956</u> to <u>11-16-60</u> and last saw him alive on _____ Death occurred at <u>8:20 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wes H. Lumberton</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Louisiana, Missouri</u>		22c. DATE SIGNED <u>11-18-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BORIAL</u>	23b. DATE <u>NOV 18-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RIVER VIEW</u>		23d. LOCATION (City, town, or county) <u>LOUISIANA</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>GEORGE COLLIER-LOUISIANA MO</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>NOV 21 1960</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1967

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. _____

P. O. Address _____

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.