

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013051

Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 58 STATE FILE NUMBER

AMENDED FILED APR 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Smithville Length of stay in 1b Life  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Inside Limits Yes  No   
 Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Clay  
 c. CITY OR TOWN Smithville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2 Miles So. West Smithville Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 Erma C. Sellars April 11 1961

5. SEX Fe 6. COLOR OR RACE Wh 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-4-78 9. AGE (last birthday) 82  
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Clay Co., Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Crow 13b. MOTHER'S MAIDEN NAME Belle Bogard 14. NAME OF HUSBAND OR WIFE J. A. Sellars

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. None 17. INFORMANT Mrs. June Porter Address Smithville, 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) Myocardial infarction  
 DUE TO (b) Arteriosclerotic heart disease  
 DUE TO (c)  
 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) Pulmonary edema and pneumonia  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 3-26-61 to 4-11-61 and last saw her/him alive on 4-11-61  
 Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul C. Vasquez 22b. ADDRESS Smithville, Mo. 22c. DATE SIGNED 4-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-13-61 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 23d. LOCATION (City, town, or county) Smithville, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS McComas Funeral Home Smithville, Mo. 25. DATE RECD. BY LOCAL REG. 4-12-61 26. REGISTRAR'S SIGNATURE Marguerite Hodgens

APR 26 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald W. Hanker

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.