

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

184561-013977
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

AMENDED

FILED MAY 8 1961

1. COUNTY Jackson
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give OWNERSHIP only) Kansas City Length of stay in lb 10 yrs.
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2922 Madison Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 DENVER Sellers 4 12 61

5. SEX male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-7-1908 9. AGE (last birthday) 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales 10b. KIND OF BUSINESS OR INDUSTRY Sales 11. BIRTHPLACE (City and state or country) Chickasha, Okla 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Sellers 13b. MOTHER'S MAIDEN NAME Minnie Martin 14. NAME OF HUSBAND OR WIFE Leticia Sellers

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. - 17. INFORMANT Leticia Sellers 2922 Madison 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) Carcinoma of the Stomach with Carcinomatosis
 DUE TO (b) -
 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)
 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 Month, Day, Year
 a.m. p.m.

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 4/11/1961 to 4/12/1961 and last saw him alive on 4-12-1961
 Death occurred at 5:22 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
 Frank Ellis 2400 Keller City 4/12/1961

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
 Burial 4-15-61 Highland Kansas City Mo

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
 Ed Watkins Bros. 18th & Benton Blvd. 4-14-61 Ruth Song

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Bruce H. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.