

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0031347 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3733 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>FILED AUG 17 1967</b>  |  | 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |
| a. COUNTY<br><b>Jackson</b>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Kansas City</b>  |  | c. CITY OR TOWN<br><b>Kansas City</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>DOA General Hosp.</b>  |  | Length of stay in 1b<br><b>28 yrs</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>8630 Prospect Ave</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br><b>William Bavy Selby</b>  |  | 4. DATE OF DEATH<br><b>July 16, 1967</b>  |  | 5. SEX<br><b>Male</b>  |  |
| 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1-30-1908</b>   |  |
| 9. AGE (last birthday)<br><b>59</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Iron Worker</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Bonham, Texas</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>Sanford Selby</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Safiney Clouse</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>497-14-1919</b>   |  | 17. INFORMANT<br><b>Mrs. John Gnefkow, 3800 E. 106th Terr.</b>  |  | Address <b>K. C. Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Undetermined, possible hepatic failure</b>                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>DOA</b>  |  | Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Andrew McCame, MD, Coronar</b>   |  | 22b. ADDRESS<br><b>415 E. 12<sup>th</sup> Kansas City, Mo.</b>  |  | 22c. DATE SIGNED<br><b>7-18-67</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>7-19-1967</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>  |  |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>   |  | 24. FUNERAL DIRECTOR<br><b>Melody McGilley-Eylar</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>7-18-67</b>   |  |
| 24. ADDRESS<br><b>20 W. Linwood, K. C.</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Luther Bayst</b>  |  | Embalmer's Statement on Reverse Side   |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Jamie E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address H. C. 570

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.