

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7401

BIRTH NO. 48-62006 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 70

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town or township) Columbia		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Columbia		d. STREET ADDRESS (If rural, give location) 12 Anderson Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			d. DATE OF DEATH (Month) (Day) (Year) March 7, 1949		
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Mansur c. (Last) Seltsam			4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Oct. 11, 1948		9. AGE (In years last birthday) IF UNDER 1 YEAR 4 MONTHS 26 DAYS IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Columbia, Boone Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Darrell K. Seltsam		13b. MOTHER'S MAIDEN NAME Frances Mansur		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Darrell K. Seltsam Columbia, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Virus) Pneumonia - Pul. Oedema INTERVAL BETWEEN ONSET AND DEATH 12hr ANTECEDENT CAUSES DUE TO (b) Gastroenteritis (apparently Virus) 5 days DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5710				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3 March, 1949 , to 7 March, 1949 , that I last saw the deceased alive on 7 March, 1949 , and that death occurred at 8:15A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 207-09 Exchange Bldg		23c. DATE SIGNED 8 March 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia Mo.		
DATE REC'D BY LOCAL REG. March 12 49	REGISTRAR'S SIGNATURE Mrs R E Palmer		31	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Columbia, Mo	

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAR 16 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed ~~by me~~ by

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Pa.*

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 this body is not embalmed, fact should be so stated above.