. No. 300
. 10.48

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

FILED APR 8 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7551

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 123

**1. PLACE OF DEATH**
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: BUTLER 72
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF 73
d. STREET ADDRESS (If rural, give location): HARPER ST 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HOWARD
b. (Middle): B.
c. (Last): SELLS

**4. DATE OF DEATH** (Month) (Day) (Year): MAR. 23 1949

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: FEB 9-1876
**9. AGE** (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RETIRED MERCHANT
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): DES MOINES IOWA
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: HOWARD A. SELLS
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: UNKNOWN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs James Hastings — **ADDRESS**: Poplar Bluff

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Myocarditis — ?
DUE TO (c): & Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. I hereby certify that I attended the deceased from 2/15/49, 19__, to 3/23, 1949, that I last saw the deceased alive on 3/23/49 19__, and that death occurred at 2 05 p.m., from the causes and on the date stated above.

**23a. SIGNATURE**: Frank E. Divelbiss (Degree or title): M.D.
**23b. ADDRESS**: Poplar Bluff
**23c. DATE SIGNED**: 3/28/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: MAR 25 1949
**24c. NAME OF CEMETERY OR CREMATORY**: WOODLAWN CEM.
**24d. LOCATION** (City, town, or county) (State): POPLAR BLUFF MO

**DATE REC'D BY LOCAL REG.**: 4/2/49
**REGISTRAR'S SIGNATURE**: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE**: W.T. Phelps — **ADDRESS**: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 5 REC'D

BUTLER COUNTY HEALTH CENTER

449-37

4-5-49

## 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.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff Mo

Signed _____
Student Embalmer

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.