

6000

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

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9141

State File No.

BIRTH NO.		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4305</u>		Registrar's No. <u>24</u>													
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)															
a. COUNTY <u>McDonald</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>McDonald</u>		b. COUNTY <u>McDonald</u>													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		c. LENGTH OF STAY (In this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		0													
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>															
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)							
<u>HENRIETTA VICTORIA</u>			<u>SELLERS</u>			<u>3</u>			<u>22</u>			<u>1949</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2-27-1874</u>		9. AGE (In years last birthday) (Specify) <u>75</u>		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>William Higgs</u>				13b. MOTHER'S MAIDEN NAME <u>Ada Eggard</u>				14. NAME OF HUSBAND OR WIFE <u>Silas E. Sellers</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Roy Sellers Anderson</u>				ADDRESS <u>Anderson</u>							
18. CAUSE OF DEATH												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)												I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u>				3 years			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES							
												DUE TO (b) <u>Nephritis</u>							
												DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS												Senility, Arteriosclerosis							
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) m.				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 <u>July</u> , 19 <u>46</u> , to <u>3-22-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.																			
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Anderson, Missouri</u>				23c. DATE SIGNED <u>3-26-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>				24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>3-28-49</u>				REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>				423				25. FUNERAL DIRECTOR'S SIGNATURE <u>Letaim Funeral Home Anderson Mo</u>				ADDRESS <u>RE-Clifton</u>			

RECEIVED

District Health Officer No.

District File Number 449-3

Date Filed 4-6-49

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 me

Student Embalmer No. ✓

working under my personal supervision.

Signed.....
Student Embalmer

Signed

H.E. Cheatham

Licensed Embalmer No.

3813

P. O. Address

Anderson

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.