

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1949

State File No. **43343**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 222	
1. PLACE OF DEATH a. COUNTY - Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 13 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Longwood township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons hospital				d. STREET ADDRESS (If rural, give location) 16 miles north Sedalia, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Mackelvoy c. (Last) Sellers			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1949.				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 21st, 1860	
				9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 6 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer & stockman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Sellers			13b. MOTHER'S MAIDEN NAME Emma Tinsley			14. NAME OF HUSBAND OR WIFE _____	
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. None		17. INFORMANT'S SIGNATURE OR NAME Charles M. Sellers Jr. ADDRESS Houstonia, 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) Myocarditis - Pulmonary Cor pulmonale ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4227					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 Nov 24, 1949 , to Dec 5, 1949 , that I last saw the deceased alive on Dec 5, 1949 , and that death occurred at 1:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE John R. Lawrence M.D. (Degree or title)				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED Dec 7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri.	
DATE REC'D BY LOCAL REG. Dec. 7-1949		REGISTRAR'S SIGNATURE Sidney J. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.			

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

RECEIVED DEC 12
District Health Officer No. &

District File Number _____

Date Filed 12-20-49

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.

Student _____
Student Embalmer

Signed W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Me

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.