

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43944

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6208 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Candlen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL OZARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richbark MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Route 3 0150</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>Alvie</u> c. (Last) <u>Sellers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 30-1883</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>	11. BIRTHPLACE (State or foreign country) <u>Richland MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. BIRTHPLACE (State or foreign country) <u>Richland MO</u>	
13a. FATHER'S NAME <u>W.A. Sellers</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Cotten</u>	
13c. NAME OF HUSBAND OR WIFE <u>MAH Sellers</u>		14. NAME OF HUSBAND OR WIFE <u>MAH Sellers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alvie Sellers</u>		ADDRESS <u>Richland MO</u>	
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) <u>Crusted Chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car Wreck</u> DUE TO (c) <u>Rib through right lung</u> 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 <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High way</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Geary Texas MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-22-50 12:30 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car Wreck</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul V. Elliot Cross</u> (Degree or title)		23b. ADDRESS <u>Cabot MO</u>	
23c. DATE SIGNED <u>Dec 24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12/26/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Richland MO</u>	
DATE REC'D BY LOCAL REG <u>Dec. 30-50</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> 327	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Deeper</u>		ADDRESS <u>Richland</u>	

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

1070
X
V

~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield~~

~~RECEIVED JAN 9 1951~~

~~Dist. File _____~~

~~Date Filed _____~~

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 15-1-124

Date Filed 1-15-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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.