

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7338

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 36V PRIMARY REG. DIST. NO. 6V35 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural (Pinckney)		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Pinckney)	
c. LENGTH OF STAY (In this place) 30 yrs.		1090 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION near Treloar, Mo.		d. STREET ADDRESS (If rural, give location) near Treloar, Mo.	

3. NAME OF DECEASED (Type or Print) August Henry Sellenschuetter			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 20, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Lincoln County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Sellenschuetter	13b. MOTHER'S MAIDEN NAME Katherine Sanker	14. NAME OF HUSBAND OR WIFE Anna Ploeger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Aug. Sellenschuetter	ADDRESS Warrenton Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH  3-10-50  154 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Mar 28-1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 2-10, 1950, to Feb 4, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 8:15 m., from the causes and on the date stated above.

23a. SIGNATURE James H. Schmidt M.D.	(Degree or title)	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 2-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-51	24c. NAME OF CEMETERY OR CREMATORY St. John's Ev. Church	24d. LOCATION (City, town, or county) (State) Warren County, Mo.
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DATE REC'D BY LOCAL REG. 2-7-51	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1090

No. 300  
10-48

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

FEB 17 1951

RECEIVED

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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

*John J. Hieburg*

Licensed Embalmer No. 3897

P. O. Address Warrenton, MD

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.