

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23579**

FILED AUG 1 1951

| | | | | | | | | |
|--|--|---|---|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>172</u> | | PRIMARY REG. DIST. NO. <u>4272</u> | | Registrar's No. <u>46</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | | | | |
| b. CITY OR TOWN <u>Waverly</u> | | c. LENGTH OF STAY (in this place) <u>45 yrs.</u> | | c. CITY OR TOWN <u>Waverly</u> | | d. STREET ADDRESS (If rural, give location) _____ | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u> | | | | | | | | |
| 3. NAME OF DECEASED a. (First) <u>Wred</u> b. (Middle) <u>John</u> c. (Last) <u>Selle</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 1951</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Jan. 22, 1868</u> | | |
| 9. AGE (in years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u> | | IF UNDER 1 YEAR Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>P.R. Section Laborer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Hamburg, Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Dont Know</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Dont Know</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Oellerich</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Emil Selle</u> | | ADDRESS <u>Waverly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lobar</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardiovascular Renal</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>8 years</u> | |
| 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) _____ | | 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>5-9</u> , 1951, to <u>7-22</u> , 1951, that I last saw the deceased alive on <u>7-22</u> , 1951, and that death occurred at <u>10P</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Geo A Kelling MD</u> | | | | 23b. ADDRESS <u>Waverly Mo</u> | | 23c. DATE SIGNED <u>7-23-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 25, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u> | | 24d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Mo.</u> | | |
| DATE REC'D BY LOCAL REG <u>July 25-1951</u> | | REGISTRAR'S SIGNATURE <u>Rayton P. Landrum</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred T. Bauer</u> | | ADDRESS <u>Alma Mo</u> | | |

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

0540

0540

RECEIVED 7-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-21-51

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 Alfred N. Bremer

Licensed Embalmer No. 2696

P. O. Address Alma, Missouri

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.