No. 300
10.48

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

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40768

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1359

1. PLACE OF DEATH
a. COUNTY Buchanan 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4912 King Hill Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 011
d. STREET ADDRESS (If rural, give location) 4912 King Hill Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Hallie D.
b. (Middle)
c. (Last) Sellers

4. DATE OF DEATH (Month) (Day) (Year) 12/23/51

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH July 29, 1868
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. W. Brown
13b. MOTHER'S MAIDEN NAME Mary Martin
14. NAME OF HUSBAND OR WIFE James Sellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. L. R. Sack **ADDRESS** 4912 King Hill Ave.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Atypical Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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
19b. MAJOR FINDINGS OF OPERATION 492X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 8, 1951, *to* Dec. 23, 1951, *that I last saw the deceased alive on* Dec. 19, 1951, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. F. Lynn (Degree or title) M C
23b. ADDRESS St. Joseph Mo
23c. DATE SIGNED 12-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 26, 51
24c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery
24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

DATE REC'D BY LOCAL REG. Jan 3, 1952
REGISTRAR'S SIGNATURE Carl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE Emma Clark **ADDRESS** 120 Illinois

(Licensed Embalmer's Statement on Reverse Side)

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 Ezra Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.