No. 300
10.48

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42482

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 397

1804
0

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

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOTH WELL Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOUR
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHTON TOWNSHIP
d. STREET ADDRESS (If rural, give location): 0800

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): E
c. (Last): SELKEN

4. DATE OF DEATH (Month) (Day) (Year): DEC 20 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 31-76
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL FARMING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PETTIS COUNTY
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: J.A.S. SELKEN
13b. MOTHER'S MAIDEN NAME: MARTHA LUJIN
14. NAME OF ~~HUSBAND OR~~ WIFE: ANNA

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 ANNA SELKEN — ADDRESS: Smithton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Congestive Heart Failure — 4 weeks
DUE TO (c): Arteriosclerosis Generalized

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: 4500
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* 12-10-, 1951, *to* 12-20-, 1951, *that I last saw the deceased alive on* 12-20-, 1951, *and that death occurred at* 11:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P V Siegel's MD
23b. ADDRESS: Smithton Mo
23c. DATE SIGNED: 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 20-51
24c. NAME OF CEMETERY OR CREMATORY: Smithton
24d. LOCATION (City, town, or county) (State): Smithton Mo

DATE REC'D BY LOCAL REG.: 12-29-1951
REGISTRAR'S SIGNATURE: A. J. Campbell MD, Goldie Hall Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: A. F. Neumeyer — ADDRESS: Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 7 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 7 1952

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 A. F. Neumayer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.