

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13753

State File No. ....

FILED MAY 6 1953  
BIRTH NO. ....

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lecoma - Wathena Twp		c. CITY OR TOWN Lecoma	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 years		e. STREET ADDRESS (If rural, give location) Lecoma Road 0339	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lecoma Road			

3. NAME OF DECEASED (Type or Print) TAYLOR			a. (First) N.	b. (Middle)	c. (Last) SELBY	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 15, 1880		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (City and State or Foreign Country) Petersburg, Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Melissa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Melissa Selby		ADDRESS Lecoma, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		DUPLICATE		DUPLICATE		DUPLICATE	
		ANTECEDENT CAUSES		DUPLICATE		DUPLICATE		DUPLICATE	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes Mellitis		DUPLICATE		DUPLICATE	
		DUE TO (c)		DUPLICATE		DUPLICATE		DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE		DUPLICATE		DUPLICATE	

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)		260x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4-21-48, 19\_\_, to 4-28-53, 19\_\_, that I last saw the deceased alive on 4-26-53, 19\_\_, and that death occurred at 9:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE H.H. Overman M.D.		(Degree or title)		23b. ADDRESS Ramsay Bldg., Rolla, Mo		23c. DATE SIGNED 4-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Rhea Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Missouri	

DATE REC'D BY LOCAL REG. 5-1-53		REGISTRAR'S SIGNATURE M. M. Hart, M.D. by M. H. ...		93-0		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Paul E. Nulb*

Licensed Embalmer No..... *449*

P. O. Address..... *Rolla,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.