

## STANDARD CERTIFICATE OF DEATH

State File No. 32619

BIRTH NO. SEP 24 1953 REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James</u>		c. LENGTH OF STAY (in this place) <u>90 yrs</u>	c. CITY OR TOWN <u>St James</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St James mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>W.</u>	c. (Last) <u>Sellers</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 - 1953</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>April 11 - 1863</u>		9. AGE (In years last birthday) <u>90</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps Co. - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Don't Know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Pisz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ozro Sewell - St James, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis about 6 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis about 5 years</u> DUE TO (c) <u>-</u> 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 <u>4221</u>	
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>August 10, 1953</u> to <u>Sept. 12, 1953</u> that I last saw the deceased alive on <u>Sept. 11, 1953</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C.V. Hammler, M.D.</u>		23b. ADDRESS <u>St. James</u>	
23c. DATE SIGNED <u>9-14-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 14 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St James, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. E. Licklider</u>	
DATE REC'D BY LOCAL REG. <u>9-20-53</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. E. Licklider</u>		ADDRESS <u>St James</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_  
Date Filed 9-22-53

**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 me, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orrell E. Licklider

Licensed Embalmer No. 354

P. O. Address St. James

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.