

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3609**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **25**

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

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nevada	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Nevada	c. LENGTH OF STAY (in this place) 1 Mo	c. CITY OR TOWN El Dorado Spgs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Home #402 So Cedar St.		e. STREET ADDRESS (If rural, give location) W. Joe Davis	
3. NAME OF DECEASED (Type or Print) a. (First) SALEM	b. (Middle) A	c. (Last) SELLARS	4. DATE OF DEATH (Month) (Day) (Year) 1 - 23 - 56
5. SEX male	16. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec 16, 1977
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Harrison Co Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Salem Sellars	13b. MOTHER'S MAIDEN NAME Virginia Peckham	14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Yes	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ted Dillon Kansas City 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't Know DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age		INTERVAL BETWEEN ONSET AND DEATH One day
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo	21f. HOW DID INJURY OCCUR? None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 1-23, 1956 , to 1-23, 1956 , that I last saw the deceased alive on 1-23-56 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE W. P. Love (Degree or title) MD	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 1-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY Alright	24d. LOCATION (City, town, or county) (State) Cedar Co Mo
DATE REC'D BY LOCAL REG. 1-31-1956	REGISTRAR'S SIGNATURE (Signature)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. P. Love Funeral Home El Dorado Spgs Mo	

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 *George W. Maffei*

Licensed Embalmer No. *2752*

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