

REC'D MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19285**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Leas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Matthews	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 Mo Deets Hosp.		STREET ADDRESS (If rural, give location) 0-1201	

3. NAME OF DECEASED a. (First) Rubien b. (Middle) Bew c. (Last) Sells		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1956	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8, 1879
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 3	IF UNDER 24 HRS. Hours 3 Min.	11. BIRTHPLACE (City and State or Foreign Country) Princeton, Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Post office	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rubien Sells	
13b. MOTHER'S MAIDEN NAME Sylvia Sells		14. NAME OF HUSBAND OR WIFE Clara Sells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Sells Matthews 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease		
	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	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) 4201
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 **Feb**, 19**56**, to **540**, 19**56**, that I last saw the deceased alive on **5-11**, 19**56**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm C. Crittler M.D.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED 5-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/13/56	24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery
24d. LOCATION (City, town, or county) (State) Matthews, Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Charlotte Albritton Funeral Home Sikeston, Mo	

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

DATE RECEIVED MAY 21 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 586-114

JUN 13 1956

MAY 20 1957

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

Edgar McPherson

Licensed Embalmer No. 46

P. O. Address Anderson

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.
 this body is not embalmed, fact should be so stated above.