

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26112

State File No.

FILED AUG 27 1956

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 886

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 886	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 33 years		c. CITY OR TOWN St. Joseph		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 Idle Hour Nursing Home 110 So. 10th St.				e. STREET ADDRESS (If rural, give location) 110 So. 10th St.			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) OTTO		c. (Last) SELLERS	
4. DATE OF DEATH August 15, 1956		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) separated		8. DATE OF BIRTH Sept. 11, 1887	
5. SEX male		6. COLOR OR RACE white		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Cigar Store		11. BIRTHPLACE (City and State or Foreign Country) Craig, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacobs Sellers		13b. MOTHER'S MAIDEN NAME Lucinda Kinnett		14. NAME OF HUSBAND OR WIFE Myrtle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491 591 07-2266		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Nauman, Craig, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrhages ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 mos. Unk.	
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)		21d. HOW DID INJURY OCCUR?	
21e. 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 4/17, 1956 , to 8/15, 1956 , that I last saw the deceased alive on 8/14, 1956 , and that death occurred at 7:14 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy (Degree, title) M.D.				23b. ADDRESS 2801 Sacramento St. Joseph, Missouri		23c. DATE SIGNED 8/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/15/1956		24c. NAME OF CEMETERY OR CREMATORY Craig, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Aug 20, 1956		REGISTRAR'S SIGNATURE Ethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heston Bowman ADDRESS St Joseph Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Buy at 8/29/56 491-07-2266

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AUG 28 1956

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 *William Spelling*.....

Licensed Embalmer No. *4538*

P. O. Address *319 S. 10th St. Joplin*

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.