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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42470
STATE FILE NUMBER

FILED JAN 3 1957

Registration District No. 291 Primary Registration District No. 5990 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Jackson Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Unionville — Length of stay in Hospital Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Putnam
c. CITY OR TOWN Rural Jackson Twp — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Unionville (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: HARRISON Last: SELL

4. DATE OF DEATH Month: DEC Day: 17 Year: 56

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH MAR-12-1888

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months 9 Days 5 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (City and state or country) Putnam Co Mo

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ISAAC SELL

14. MOTHER'S MAIDEN NAME SARAH CAMPBELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT ALICE SELL Address: Unionville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 54, to Dec 17-54 and last saw him alive on Dec 5-54
Death occurred at 6:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. R. Ingraham (Degree or title) M.D.

22b. ADDRESS Seval Iowa

22c. DATE SIGNED 12-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify) B.

23b. DATE Dec. 19-56

23c. NAME OF CEMETERY OR CREMATORY Mediamonville Cem

23d. LOCATION (City, town, or county) (State) Wayne Co. Iowa

24. FUNERAL DIRECTOR F.D. Husted & Son — **ADDRESS** Unionville Mo

25. DATE RECD. BY LOCAL REG. 12-29-56

26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murl E. Hustle

Licensed Embalmer No. 3

P. O. Address Unionvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.