S. No. 300
v. 10.48

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

FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20877

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 3024 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: HOWARD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FAYETTE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: HOWARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLASGOW
d. STREET ADDRESS (If rural, give location): 450

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JOSEPH
c. (Last): SELLMEYER

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1957

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB-5-1875
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SALINE COUNTY
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE SELLMEYER
13b. MOTHER'S MAIDEN NAME: CLARA HUSTEDDE
14. NAME OF HUSBAND OR WIFE: HELENA VELTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NOT AVAILABLE
17. INFORMANT'S SIGNATURE OR NAME: HELENA SELLMEYER — ADDRESS: WIFE

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 2 Wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Coronary disease 4 yrs

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25, 1957, *to* 6-8, 1957, *that I last saw the deceased alive on* 6-18, 1957, *and that death occurred at* 2 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W A Bloom (Degree or title) M.D.
23b. ADDRESS: Fayette Mo
23c. DATE SIGNED: 6-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE-11-57
24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON
24d. LOCATION (City, town, or county) (State): GLASGOW MO

DATE REC'D BY LOCAL REG.: 6/26/57
REGISTRAR'S SIGNATURE: Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE: Charles Fremonth — ADDRESS: Glasgow Mo.

(Licensed Embalmer's Statement on Reverse Side)

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JUN 25 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 Charles T. Lanham working under my personal supervision.

Student Embalmer No. 538

Signed Charles T. Lanham
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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 this body is not embalmed, fact should be so stated above.