FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25479

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mill Creek — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5 Miles S. Syracuse — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Syracuse — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 Miles S. Syracuse — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Malte — Middle: More — Last: Self
4. DATE OF DEATH: Month August, Day 1, Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July, 18, 1884
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contractor & Builder
11. BIRTHPLACE (City and state or country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Riley Self
14. MOTHER'S MAIDEN NAME: Martha J. Wilson
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.: 492-18-5659
17. INFORMANT: Dora Lee Self — Address: 3620 North 87th Street, Bethel, Kansas

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 thrombus — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
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 ☒ 2

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 Aug 1, 1957 to Aug 1st 1957 and last saw him alive on Aug 1/57
Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. F. Potts M.D. (Degree or title)
22b. ADDRESS: Tipton Mo.
22c. DATE SIGNED: 8/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: August, 3, 1957
23c. NAME OF CEMETERY OR CREMATORY: Syracuse Cemetery
23d. LOCATION (City, town, or county) (State): Syracuse, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Lemuel E. Richards, Tipton Mo
25. DATE RECD. BY LOCAL REG.: 8-5-57
26. REGISTRAR'S SIGNATURE: J. L. Washburn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

VS NOV 25 1959

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 James E. Richar

Licensed Embalmer No. 24

P. O. Address Tipton

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