

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35141

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nixa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nixa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 3 years		d. STREET ADDRESS (If outside, give location) No Street Address	
3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last SELLARS			4. DATE OF DEATH Month Oct. Day 18 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11 Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR		11. BIRTHPLACE (City and state or country) Christian Co., Mo.	
13. FATHER'S NAME Mayberry Sellars			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			14. MOTHER'S MAIDEN NAME Emaline Gibson		16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Dora Sellars, Nixa, Mo.			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 1956 to October 1957 and last saw ^{her} him alive on 16 Oct 1957 Death occurred at 4:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Karl J. Leidinger, Jr M.D.			22b. ADDRESS Republic, Mo.		22c. DATE SIGNED 10-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/20/1957	23c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery		23d. LOCATION (City, town, or county) (State) Nixa, Missouri
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 25, 1957		26. REGISTRAR'S SIGNATURE Oline Hettler	

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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..... *W. H. Harris*

Licensed Embalmer No. *439*

P. O. Address *Clever,*

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