

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009647
STATE FILE NUMBER 1073

MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1073

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES		d. STREET ADDRESS (If outside, give location) 4219 STATE LINE	
3. NAME OF DECEASED (Type or print) First Middle Last Otis Newton Sellers		4. DATE OF DEATH Month Day Year FEB 24 1959	
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 JAN 12-1894 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR OCCUPATION MOTOR VEHICLE BROKERAGE CO.	
11. BIRTHPLACE (City and state or country) ALBANY MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME GEORGE SELLERS		13b. MOTHER'S MAIDEN NAME CORA BLENDING	
14. NAME OF HUSBAND OR WIFE IVA MAY SELLERS		Address 4219 State Line KANSAS CITY MO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or not known) (If yes, give year or dates of service) YES NWI		16. SOCIAL SECURITY NO. 436-07-6325	
17. INFORMANT EVA MAY SELLERS		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction 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) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 Wk	
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 1953 to 2-24-59 and last saw her alive on 2-23-59 Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mark Dodge MD		22b. ADDRESS 4635 Wyandotte KC Mo	
22c. DATE SIGNED 2-25-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-27-1959	
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
24. FUNERAL DIRECTOR EPATES 1901 Platte Blvd KANSAS CITY Kan		25. DATE RECD. BY LOCAL REG. 2-26-59	
26. REGISTRAR'S SIGNATURE New Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mar & Dodge

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 ... *Paul R. Williamson* ...

Licensed Embalmer No. *5009*

P. O. Address. *Overland Park, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.