

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959 133

59-039768

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 157

INDEXED

1. PLACE OF DEATH a. COUNTY <b>HARRISON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HARRISON</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>BETHANY</b>			Length of stay in 1b <b>7 1/2 year</b>		c. CITY OR TOWN <b>BETHANY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NOLI MEMORIAL</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1921 E. MAIN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES FRANKLIN SELBY</b>						4. DATE OF DEATH Month Day Year <b>12 11 1959</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-1-1880</b>		9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>5 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mail carrier</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and state or country) <b>HARRISON COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>				
13a. FATHER'S NAME <b>GEORGE W. SELBY</b>				13b. MOTHER'S MAIDEN NAME <b>MARTHA BUCK</b>				14. NAME OF HUSBAND OR WIFE <b>BESSIE LILLIAN SELBY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>491-30-8323</b>		17. INFORMANT <b>WAYNE SELBY, BETHANY, MO.</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>			
DUE TO (b) <b>Arteriosclerosis</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) <b>Diabetes Mellitus</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year											
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 <b>12-8-59</b> to <b>12-11-59</b> and last saw <sup>him</sup> alive on <b>Dec 10 1959</b> Death occurred at <b>3:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>W. A. Broyles M.D.</i>						22b. ADDRESS <b>BETHANY, MISSOURI</b>			22c. DATE SIGNED <b>12-12-59</b>		
23a. BURIAL, CREMATION, REBURY (Specify) <b>BURIAL</b>		23b. DATE <b>12-13-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MIRIAM</b>			23d. LOCATION (City, town, or county) <b>BETHANY, MO.</b>				
BY AFFIDAVIT OF <i>M. B. Haas</i> <b>M. B. HAAS</b>				ADDRESS <b>BETHANY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-12-1959</b>		26. REGISTRAR'S SIGNATURE <i>Gella Mayey</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 10 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed   
M. B. HAAS

Licensed Embalmer No. 3899

P. O. Address BETHANY, 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.