

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **212161** STATE FILE NUMBER **-59-047040**

2-4-60 2-4-60 1959 Dec 30, 1959 Date of death Dec 31, 1959 Date of death Dec 31, 1959 Date of death Dec 31, 1959  
 address no address physician's statement affidavit of informant & attending physician

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			c. CITY OR TOWN <b>Clayton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			d. STREET ADDRESS <b>7628 Wallinca Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MELISSA MELISSA BYRNS SELIMAN</b>			4. DATE OF DEATH <b>December 31 1959</b>		Month <b>31</b> Day Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>DeSoto, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas Moss</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Reichman</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. N. Sellman</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>None</b>		17. INFORMANT <b>Wm. N. Sellman, 7628 Wallinca Terrace</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>Abdominal Carcinomatosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of ovary,</b>					
DUE TO (c) <b>175.00</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>31</b>		COUNTY	STATE
21. I attended the deceased from <b>June 1959</b> to <b>Dec 31</b> and last saw her alive on <b>12/30/59</b> . Death occurred at <b>5:07 AM Dec 31</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Wm. N. Sellman MD</b>			22b. ADDRESS <b>7820 Carondelet</b>		22c. DATE SIGNED <b>12/31/59</b>
23a. REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-2-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DeSoto, Mo.</b>		23d. LOCATION (City, town, or county) <b>DeSoto, Missouri</b>
24. FUNERAL DIRECTOR <b>C.R. Lupton &amp; Sons 7233 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 31 1959</b>		26. REGISTRAR'S SIGNATURE <b>Wm. N. Sellman M.D.</b>	

Selleman (city.)  
Dr Houston  
7820 Carroll  
16-3-6300  
Selleman

**STATEMENT BY LICENSED EMBALMER**

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 C. Clarence A. Mc

Licensed Embalmer No. 4011  
P. O. Address St Louis

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