

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002967

FILED VS JAN 19 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 6

STATE FILE NUMBER

NDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Ray</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond #2</u>		c. CITY OR TOWN <u>Camden</u>		d. STREET ADDRESS (If outside, give location) <u>Not Listed</u>	
Length of stay in 1b <u>2 weeks</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Sellers</u>				4. DATE OF DEATH Month Day Year <u>January 4, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>		11. BIRTHPLACE (City and state or country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>John Sellers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Thomson</u>		14. NAME OF HUSBAND OR WIFE <u>Ova Pulsers Sellers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-7144</u>		17. INFORMANT Address <u>Ova Pulsers Sellers</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
IMMEDIATE CAUSE (a) <u>PNEUMONIA (VIRUS)</u>							
DUE TO (b) <u>STATUS ASTHMATICUS</u>							
DUE TO (c) <u>ARTERIO SCLEROSIS</u>							
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 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 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Dec-1-59</u> to <u>1-4-60</u> and last saw him alive on <u>1-4-60</u> Death occurred at <u>8:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. E. Gray</u> (Degree or title)				22b. ADDRESS <u>Richmond Mo</u>		22c. DATE SIGNED <u>1-6-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		23d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Quest Life Funeral Home Richmond, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>1-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 8

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 George J. Gile

Licensed Embalmer No. 4060

P. O. Address Putnam

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.