URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-018827

STATE FILE NUMBER

FILED VS. JUN 13 1960

ENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville — Length of stay in 1b 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haas Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cooper
c. CITY OR TOWN Pilot Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: JOHN - JACOB - SELBACH

4. DATE OF DEATH Month Day Year: June 8, 1960

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 23, 1881
9. AGE (last birthday): 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): Pilot Grove Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Gottfried Selbach
13b. MOTHER'S MAIDEN NAME: Elizabeth Deuschle
14. NAME OF HUSBAND OR WIFE: Mary Selbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Adolph Selbach, Pilot Grove 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 Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio sclerosis
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 1-60, to June 8-60 and last saw ~~her~~ him alive on June 8-60
Death occurred at _____ p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M L Deckinger MD
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 6/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 11, 60
23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Ceme
23d. LOCATION (City, town, or county) (State): Pilot Grove, Mo

24. FUNERAL DIRECTOR ADDRESS: Hays-Painter, Pilot Grove Mo
25. DATE RECD. BY LOCAL REG.: 6/9/60
26. REGISTRAR'S SIGNATURE: DE Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 26 1960

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_____ Signed Robert L. Paint

Signature of Student Embalmer

Licensed Embalmer No. 406

P. O. Address Pilot Gro

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