

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022405

FILED VS JUN 27 1960 042

Registration District No. _____ Primary Registration District No. **1000** Registrar's No. **681**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		Length of stay in 1b 5 days		c. CITY OR TOWN Amity, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BELVA Middle ELECTA Last SELIX				4. DATE OF DEATH Month June Day 17 Year 1960					
5. SEX Female	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 Mar. 12, 1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household Executive			10b. KIND OF BUSINESS OR INDUSTRY Household Executive		11. BIRTHPLACE (City and state or country) Amity RFD, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Edward Morgan			13b. MOTHER'S MAIDEN NAME Melvina Morgan			14. NAME OF HUSBAND OR WIFE A. C. Selix			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 499-18-4152		17. INFORMANT Address Mr. A. C. Selix Amity, Missouri RFD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden cardiac dilatation.							INTERVAL BETWEEN ONSET AND DEATH Minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A combination of aortic stenosis and DUE TO (c) Recent anterior coronary occlusion.							Years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Arteriosclerotic heart disease; pulmonary infarcts.							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 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 Dr. Allen L. Herman 6/12-6/17/60 to he and last saw her alive on 6/16/60.				Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE In the absence of _____ of _____ Beryl A. Potter, Jr., M.D. Physicians & Surgeons Bldg. M.D. St. Joseph, Missouri						22c. DATE SIGNED 6/21/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/17/60	23c. NAME OF CEMETERY OR CREMATORY Sharp Cemetery		23d. LOCATION (City, town, or county) (State) RFD Amity, Missouri				
24. FUNERAL DIRECTOR Heater Bowman ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. June 22, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell			

DOCUMENT

C.A. Potter, Jr., M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 5010th

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.