

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042821
STATE FILE NUMBER

FILED VS DEC 7 1960 209 Primary Registration District No. 3043 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal	Length of stay in 1b 10 Mo.	c. CITY OR TOWN Hunnewell	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn Rest Home		d. STREET ADDRESS (If outside, give location) Town Limits	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ella Middle Selsor Last Warner			4. DATE OF DEATH Month November Day 4 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/'73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 2 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and state or country) Shelby County, Mo	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Hiram Selsor		13b. MOTHER'S MAIDEN NAME Elizabeth Hessler	14. NAME OF HUSBAND OR WIFE William C. Warner. Dec		
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. None	17. INFORMANT Address Mrs. Neil Kingdon, St. Louis Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic ulcer	
	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. <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 3:30 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 Hunnewell COUNTY Shelby STATE Mo.

21. I attended the deceased from **FEB 1961** to **4 Nov 1961** and last saw her/him alive on **2 Nov 1962**
 Death occurred at **3:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wyneth Hamilton MD	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 11/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/6/1960	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24. FUNERAL DIRECTOR ADDRESS Haro Id Garner, Monroe City, Mo.		23d. LOCATION (City, town, or county) Hunnewell, Missouri.

25. DATE RECD. BY LOCAL REG. 11/25/60	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman
--	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS MAY 25 1961

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.