MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED VS MAR 7 1961

Registration District No. 47 Primary Registration District No. 5158 Registrar's No. 58

-61-004740
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bourbon
Length of stay in 1b YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #4 Fulton, Mo.
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY
c. CITY OR TOWN
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) RFD #4 Fulton, Mo.
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First R. Middle L. Last Selby
4. DATE OF DEATH Month March Day 2 Year 1961
5. SEX Male
6. COLOR OR RACE Cau
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 3, 1880
9. AGE (last birthday) 80
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Millersburg, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME R. W. Selby
13b. MOTHER'S MAIDEN NAME Isabelle Price
14. NAME OF HUSBAND OR WIFE Lora Bedsworth Selby
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. N/A
17. INFORMANT Lora Selby Address RFD #4 Fulton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Prostate
INTERVAL BETWEEN ONSET AND DEATH ± 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
generalized arteriosclerosis
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, Y
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 1954, to 3/2/61 and last saw him alive on 2/27/61
Death occurred at about 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry Smith (Degree or title) M.D.
22b. ADDRESS Fulton, Mo.
22c. DATE SIGNED 3/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5 March 1961
23c. NAME OF CEMETERY OR CREMATORY Millers Creek
23d. LOCATION (City, town, or county) RFD #4 Fulton (State) Mo.

24. FUNERAL DIRECTOR Youngs Funeral Home ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. March 6 - 1961
26. REGISTRAR'S SIGNATURE Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

Student_____
Signature of Student Embalmer

Signed Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address Fulton, Mo.

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.