

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025641

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 397

STATE FILE NUMBER

AMENDED

Registration District No. 146  
**FILED AUG 9 1961**

DATE AMENDED: 8/15/61  
INSTEAD OF: Elizabeth & Wlizabeth  
DOCUMENT: MEDICAL CERTIFICATION  
BY AFFIDAVIT OFF: Fun. Dir.  
ITEM NO. SHOULD READ: 14 & 17 Elisabeth

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Length of stay in 1b <u>40 yrs.</u>	c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1535 Cedar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1535 Cedar</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CECIL</u> Middle <u>J.</u> Last <u>SELLENS</u>			4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1961</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>Nov. 30, 1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Bunker Hill, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James T. Sellen</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Elisabeth</u> <del>Wlizabeth</del> <u>Sellens</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I &amp; II</u>			17. INFORMANT <u>Elisabeth</u> Address <u>Independence, Mo.</u> <u>Elizabeth Sellens, 1535 Cedar,</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	
IMMEDIATE CAUSE (a) <u>Hemorrhage massive, acute gastric</u>					<u>30 hours</u>	
DUE TO (b) <u>Ulcer gastric acute</u>					<u>1 week</u>	
DUE TO (c) <u>Hypertension arterial severe, arteriosclerotic</u>					<u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>obesity, exogenous severe</u> <u>Arteriosclerosis, generalized, arthritis rheumatoid</u>					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 <u>  </u> Month, Day, Year <u>  </u>		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		COUNTY STATE		
<u>July 1946</u>		<u>July 30, 1961</u>		<u>7/29/1961</u>		
21. I attended the deceased from <u>  </u> to <u>July 30, 1961</u> and last saw her/him alive on <u>7/29/1961</u> Death occurred at <u>1:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Harold L. Budy Dir.</u>			22b. ADDRESS <u>1019 ARBYLE Bldg</u>		22c. DATE SIGNED <u>7/30/61</u>	
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-1-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Stine &amp; McClure, Kansas City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-1-61</u>		26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>	

MS AUG 14 1961

APR 23 1963

AUG 10 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 me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City,

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.