MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014541

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 7

FILED MAR 19 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0970
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cambridge Township — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2½ mi. West Glasgow — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2½ mi W. Glasgow — Reside on Farm: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Saline
c. CITY OR TOWN: Gilliam — Inside Limits: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First August — Middle John — Last Sellmeyer
4. DATE OF DEATH: Month Mar. Day 8 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: July 23, 1898
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (City and state or country): Saline Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Sellmeyer
13b. MOTHER'S MAIDEN NAME: Frances Grewe
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Henry Sellmeyer — Address: 7928 E. 56th St. Kansas City, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 Min.
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)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6 AM. 3-8-63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Lawless MD (Degree or title) Coroner Saline Co
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 3-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 12, 1963
23c. NAME OF CEMETERY OR CREMATORY: Washington
23d. LOCATION (City, town, or county) (State): Glasgow Mo
24. FUNERAL DIRECTOR — ADDRESS: Freemouth Funeral Service Glasgow Mo.
25. DATE RECD. BY LOCAL REG.: 3-12-63
26. REGISTRAR'S SIGNATURE: Mrs. Raymond Brame

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1963

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 E W Triemonth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.