

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 322 Primary Registration District No. 6082 Registrar's No. 30

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0970

2 0970

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cambridge</u> Length of stay in 1b <u>7 mos.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Gilliam</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2 mi south of Gilliam</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ARTHUR LOUIS SELLMAYER</u>		4. DATE OF DEATH Month Day Year <u>Oct. 21, 1963</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>May 16, 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	10c. BIRTHPLACE (City and state or country) <u>West Glasgow Mo</u>
13a. FATHER'S NAME <u>Cornelius Sellmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Castrop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes about 1952 available</u>		17. INFORMANT <u>Mrs. Arthur Sellmeyer, Gilliam Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>spinal cord injury + blood loss</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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 checked="" 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.) <u>Accidentally through in front of drive</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>approx. of power farm machine</u>	20d. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Gilliam Saline Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use title) <u>Ronald E. Wells M.D.</u>		22b. ADDRESS <u>Glasgow, Mo.</u>	22c. DATE SIGNED <u>10-25-63</u>
23a. BUNIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	23b. DATE <u>Oct 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>
25. FUNERAL DIRECTOR ADDRESS <u>Fremont Funeral Service Glasgow Mo.</u>		26. DIE RECD. BY LOCAL REG. <u>10-28-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Raymond Brane</u>

10-10-10

NOV 27 1963

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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 *[Handwritten Signature]*

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.