

1. PLACE OF DEATH a. COUNTY Harris		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (if outside city limits, give precinct no.) Houston		c. LENGTH OF STAY in 1 b. 49 Years	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION Memorial Hospital Downtown		d. STREET ADDRESS (if rural, give location) 3719 Westerman	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Carey Isom Selph		4. DATE OF DEATH February 24, 1976	
(a) First		(c) Last	

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH December 5, 1901	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY Portable Toilets	11. BIRTHPLACE (State or foreign country) Donaldson, Arkansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Robert Madison Selph	14. MOTHER'S MAIDEN NAME Mary Emma Goza
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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. 460-03-4665	17. INFORMANT Arrietta Faye Selph - Wife
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.
CONDITION (b), which gave rise to above cause (a), as listed in the underlying cause last. DUE TO (b) Metastatic Corcinoma		60 Days
DUE TO (c) Primary Carcinoma Lung		100 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)	
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20c. TIME OF INJURY Hour a.m. p.m.	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 building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I hereby certify that I attended the deceased from May 19 75 to February 24 19 76 and last saw the deceased alive on February 24 19 76. Death occurred at 6:40 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Key W. Summers</i>	22b. ADDRESS 205 Mem. Prof. Bldg, Houston, Texas	22c. DATE SIGNED 2/26/76
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE February 26, 1976	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) Hot Springs	(State) Arkansas	24. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. H. Lewis & Sons #5023</i>
25a. REGISTRAR'S FILE NO. 2019	25b. DATE REC'D BY LOCAL REGISTRAR MAR. 3, 1976	25c. REGISTRAR'S SIGNATURE <i>W.B. Bennett</i>