

FILED JUL 26 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23812

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 726 E. 5th /
 (If not to hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 43 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA LOU LOBAUGH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Fred Lobough 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased June 16 1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>0</u>	hr. _____ min.

9. Birthplace Blandenville Ill
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Chas. Edward Sotter
 13. Birthplace Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Dana Martin
 15. Birthplace Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Lobough(b) Address 726 E. 5th Sedalia, Mo.17. (a) Burial (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Hill18. (a) Signature of funeral director Mrs. Laughlin Bros.(b) Address Sedalia, Mo.19. (a) 7-17-48 (b) Petty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 726 E. 5th
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 1:30 minute 0 M.21. I hereby certify that I attended the deceased from June 20, 1946 to July 16, 1948
that I last saw her alive on July 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:

Carcinoma of Cervix
and Vagina

Duration

2 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (c) Manner of injury _____

23. Signature A. J. Walter (M. D. or nurse) MD
Address Sedalia, Mo. Date signed 7-16-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-23-48

AUG 12 1954

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

K.P.M. Cray

Licensed Embalmer No.

3153

P. O. Address

Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.