

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

90

BIRTH NO. ~~123~~ REG. DIST. NO. ~~5015~~ PRIMARY REG. DIST. NO. 5072 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newport Township</u>		c. LENGTH OF STAY (in this place) <u>54 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Newport Township</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 4</u>			d. STREET ADDRESS (If rural, give location) <u>Route 4, Lamar</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>Cackley</u> c. (Last) <u>Cackley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 5, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 4, 1857</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Cross</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clark</u>		14. NAME OF HUSBAND OR WIFE <u>R. E. Cackley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joe Cackley</u> ADDRESS <u>Lamar, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 15, 1948</u> , to <u>Jan 4, 1949</u> , that I last saw the deceased alive on <u>Dec 31, 1948</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Jean T. Bidel, M.D.</u> (Degree or title)			23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>1/5/49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morehead Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 7 - 1949</u>	REGISTRAR'S SIGNATURE <u>Marie Karantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u> ADDRESS <u>Lamar, Mo.</u>		

RECEIVED
District Health Officer No. 6;
District File Number 149-43
Date Filed 1-11-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3473

P. O. Address James Mc

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