

FILED MAR 1 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4720

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore	
c. LENGTH OF STAY (in this place) 2 1/2 Yrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brown Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) SIDNEY	b. (Middle) ELLEN	c. (Last) KAUFMAN	4. DATE OF DEATH (Month) (Day) (Year) 2 22 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/31/56	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Knobnoster, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel DeBord	13b. MOTHER'S MAIDEN NAME Louisa Brown	14. NAME OF HUSBAND OR WIFE Charles Kaufman
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Perry Colwell, Skidmore, Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MITRAL STENOSIS.		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS		
	DUE TO (c) 410X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from JAN, 1948, to Feb. 22, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.E. Cochran, D.O.	23b. ADDRESS Oregon Mo.	23c. DATE SIGNED Feb 23 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/49	24c. NAME OF CEMETERY OR CREMATORY Skidmore	24d. LOCATION (City, town, or county) (State) Skidmore, Missouri
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DATE REC'D BY LOCAL REG. 26 24 49	REGISTRAR'S SIGNATURE J. J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Price, Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed.....

*John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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 this body is not embalmed, fact should be so stated above.