

FILED JAN 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 423

423

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fulton		c. LENGTH OF STAY (in this place) 6 mos		c. CITY (If outside corporate limits, write RURAL and give township) 0142 OR TOWN Fulton			
d. FULL NAME OF HOSPITAL OR INSTITUTION 835 Nichols				d. STREET ADDRESS (If rural, give location) 835 Nichols			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) B.		c. (Last) Saffer		4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct. 31, 1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 2		IF UNDER 4 HRS. Days 14		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Hogan		13b. MOTHER'S MAIDEN NAME Maragret Mc Gann		14. NAME OF HUSBAND OR WIFE Harry Saffer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack March, Fulton, Mo.			
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) <i>Cachexia and toxemia from Carcinoma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>metastatic carcinoma to liver and lungs from carcinoma of ovary</i> DUE TO (c) <i>any</i> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocardial infarct, terminal bronchitis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>3 years</i> <i>1 week</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma ovary Oct 1945</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>m</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Fulton Callaway Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>none</i>		175X	
22. I hereby certify that I attended the deceased from <i>18 Jan 1950</i> , to <i>15 Jan 1950</i> , that I last saw the deceased alive on <i>14 Jan 1950</i> , and that death occurred at <i>8:45 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>L. K. Fish MD</i> (Degree or title)				23b. ADDRESS <i>Fulton Mo</i>		23c. DATE SIGNED <i>16 Jan 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 18, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CATHOLIC CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>Kankakee Illinois</i>	
DATE REC'D BY LOCAL REG. <i>Jan 20-1950</i>		REGISTRAR'S SIGNATURE <i>Maritta Lawrence</i> 426		25. FUNERAL DIRECTOR'S SIGNATURE <i>Maugin Funeral Home, Fulton, Mo</i>		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 23 1958
District Health Officer No. 9
District File Number

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Me.

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.