

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9710**  
Registrar's No. **5**

BIRTH NO.		REG. DIST. NO. <b>133</b>	PRIMARY REG. DIST. NO. <b>5813</b>	Registrar's No. <b>5</b>
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Upper Loutre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Upper Loutre</b>		
c. LENGTH OF STAY (in this place) <b>11 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2 Ave With</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) <b>Maude</b> c. (Last) <b>Sabin</b>		
4. DATE OF DEATH <b>3-27-1950</b>		5. SEX <b>Female</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>3-16-1886</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Near High Hill Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>George Black</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Bordon</b>	14. NAME OF HUSBAND OR WIFE <b>Clark Sabin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clark Sabin</b> ADDRESS <b>Wellsville Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignancy large bowel</b>  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 <b>1 year</b>  <b>153K</b>
19a. DATE OF OPERATION <b>Sept, 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Malignant Tumor large bowel</b>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Sept 1949</b> , to <b>March 27, 1950</b> that I last saw the deceased alive on <b>March 26, 1950</b> and that death occurred at <b>5:45 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>D. Hopkins</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Wellsville Mo</b>		23c. DATE SIGNED <b>3/29/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-29-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Marys</b>	24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>
DATE REC'D BY LOCAL REG. <b>3/29/50</b>		REGISTRAR'S SIGNATURE <b>W.S. Komarow Jr</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. W. Hopkins</b> ADDRESS <b>Montgomery City Mo</b>

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

RECEIVED  
APR 3 1950  
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, 8705 on the  
27 th day of March 1950

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

*C. W. Hopkins*  
C. W. Hopkins

Signed .....

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.