

No. 300
10. 88

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16035

130

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

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5753 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u> <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New York Sup.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>Lova</u>		a. (First) <u>Lova</u> b. (Middle) <u>Poor</u> c. (Last) <u>Poor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 2 1950</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>6-19-1893</u>
9. AGE (In years last birthday) <u>56</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cowgill, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Charles Sackman</u>		13b. MOTHER'S MAIDEN NAME <u>Octavie Butts</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lynn Gray, Cowgill, Mo.</u> ADDRESS _____
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, asphyxia, 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 the Sigmoid with metastases to spine, regional lymph nodes, and liver</u> ANTECEDENT CAUSES _____ Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION <u>May 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid with metastases to spine</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>153X</u>	
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 <u>April 1948</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>April 26, 1950</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Goldberg M.D.</u> (Degree or title)		23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>5/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>
DATE REC'D BY LOCAL REG. <u>57-19-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark, Kingston, Mo.</u> ADDRESS _____	

JUL 15 1950



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.

Signed Cramer Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.