

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15989
42
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5299

1250

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cottages		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL KATHRETO	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1250	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) George Walker	b. (Middle)	c. (Last) Sackman	4. DATE OF DEATH (Month) (Day) (Year) May 26 1951
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5. SEX Male	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 31-1865	9. AGE (If years last birthday) 85	10. UNDER 1 YEAR	11. UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) MIRABLE MO	12. CITIZEN OF WHAT COUNTRY US.
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13a. FATHER'S NAME ISSIAK SACKMAN	13b. MOTHER'S MAIDEN NAME SARAH F. DOUGLAS	14. NAME OF HUSBAND OR WIFE MARY J. SACKMAN TURNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. E. Sackman	ADDRESS TURNER MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	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.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **LA** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Cameron	23b. ADDRESS Cameron, Mo	23c. DATE SIGNED 5-26-51
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE May 27 51	24c. NAME OF CEMETERY OR CREMATORY MIRABLE CEMETERY	24d. LOCATION (City, town, or county) (State) MIRABLE MO
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DATE REC'D BY LOCAL REG. 5-29-51	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK	ADDRESS CAMERON, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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
Student Embalmer

Signed

Lee W. G. Gandy

Student Embalmer No.

Licensed Embalmer No. 2533

P. O. Address Cameron, Md

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.