

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23593

State File No. ....

FILED JUL 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 20

<b>1. PLACE OF DEATH</b> a. COUNTY <b>SCOTT</b>  b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL SYLVANIA TOWNSHIP</b> c. LENGTH OF STAY (If in place) <b>65 YRS.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>  c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL SYLVANIA TOWNSHIP</b> d. STREET ADDRESS <b>R. F. D. #1 ORAN</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>WILLIAM POBST</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JUNE 22 1953</b>		
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<b>5. SEX</b> <input checked="" type="radio"/> MALE	<b>6. COLOR OR RACE</b> WHITE	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) MARRIED	<b>8. DATE OF BIRTH</b> JULY 16 1873	<b>9. AGE</b> (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) RETIRED FARMER			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) MISSOURI	

<b>12. CITIZEN OF WHAT COUNTRY?</b> U. S. A.	<b>13a. FATHER'S NAME</b> WILLIAM POBST	<b>13b. MOTHER'S MAIDEN NAME</b> CATHERINE GERST	<b>14. NAME OF HUSBAND OR WIFE</b> Mrs. Mary Pobst
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) NO	<b>16. SOCIAL SECURITY NO.</b> NONE	<b>17. INFORMANT'S SIGNATURE OR NAME</b> MRS. WILLIAM POBST	
		<b>ADDRESS</b> ORAN, MO.	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>metastatic carcinoma of liver</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> 6 mos  16 mos.
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<b>19a. DATE OF OPERATION</b> Feb 52	<b>19b. MAJOR FINDINGS OF OPERATION</b> Carcinoma of stomach 15.1 X	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (In, to, or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** Feb 1952, to 22 June 1953, that I last saw the deceased alive on 22 June 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> Hugh V. Ashley, Jr. MD	<b>23b. ADDRESS</b> Cape Girardeau, Mo	<b>23c. DATE SIGNED</b> 23 June 53
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) BURIAL	<b>24b. DATE</b> 6/24/53	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Guardian Angels	<b>24d. LOCATION</b> (City, town, or county) (State) Oran, Missouri
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<b>DATE REC'D BY LOCAL REG.</b> 7-6-53	<b>REGISTRAR'S SIGNATURE</b> Mrs Fred Brophy	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Carl Smith	<b>ADDRESS</b> Oran, Mo.
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JUL 10 1953

JUL 6 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-154

DEC 11 1953

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 Earl Smith

Licensed Embalmer No. 2676

P. O. Address Oren, 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.