

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10978**

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 99
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage		
b. CITY OR TOWN Columbia		c. CITY OR TOWN Linn	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 07601		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Lockwood.			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1872	9. AGE (In years last birthday) 83 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hugh Laughlin		13b. MOTHER'S MAIDEN NAME Rachel Laughlin	14. NAME OF HUSBAND OR WIFE Lockwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Hospital Record, Ellis Fischel State Cancer Hosp.	
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) GENERALISED PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERFORATION (MECHANICAL)		3 DAYS?
		DUE TO (c) PROXIMAL TO COLOSTOMY C.U.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 23 APR 55		19b. MAJOR FINDINGS OF OPERATION PERITONITIS - PERFORATION OF COLON		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 23 APR. , 19 55 , to 24 APR. , 19 55 , that I last saw the deceased alive on 24 APR. , 19 55 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Larry Schwartz MD		23b. ADDRESS ELLIS FISCHEL STATE CANCER HOSP		23c. DATE SIGNED 24 APR 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 24 1955	24c. NAME OF CEMETERY OR CREMATORY Linn Mo	
24d. LOCATION (City, town, or county) (State) Linn Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Clyde [Signature] Linn, Mo		
DATE REC'D BY LOCAL REG. April 24, 1955		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		31-0

(Licensed Embalmer's Statement on Reverse Side) Max [Signature]

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

MAY 25 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.....
Signature of Student Embalmer

Signed *Vernon M. [Signature]*

Licensed Embalmer No. *4127*

P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.