

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42885

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6198</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass TWP</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVINA</u>			b. (Middle) <u>ISABELLE</u>		c. (Last) <u>SIGMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1948</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>OCT 30 1863</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TENN</u>			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Daniel Boles</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Dockens</u>			14. NAME OF HUSBAND OR WIFE <u>George L.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Potts</u>			ADDRESS <u>Simmons MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Semility</u>				<u>15 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>932</u>				ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
				DUE TO (c) <u>12</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Garrett Longford (MD)</u>				23b. ADDRESS <u>Cabool MO</u>			23c. DATE SIGNED <u>Dec 20/48</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 22-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steeley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Elk Creek Texas MO</u>			
DATE REC'D BY LOCAL REG. <u>Dec 22 48</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		3545		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayford W Elliott Cabool MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

~~3A-21-1~~ 2000 Filed
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District Health Officer No. 5
RECEIVED 1-8-49

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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Celina

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.