

# STANDARD CERTIFICATE OF DEATH

399

State File No. ....

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. 4

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Caldwell</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Gomer</u>  c. LENGTH OF STAY (In this place) <u>13 yrs.</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Gomer</u>  d. STREET ADDRESS (If rural, give location) <u>5 Mile Southeast of Nettleton</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Claude</u> b. (Middle) <u>William</u> c. (Last) <u>Sackman</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 11, 1954</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 19, 1889</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 Wks.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Caldwell County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Martin D. Sackman</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Cynthia Clair</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nina Sackman</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Nina Sackman - Nettleton, Mo.</u>

<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>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Immediate</u>
<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death. _____			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 12-26, 1953, to 1-11, 1954, that I last saw the deceased alive on 1-9, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>J. D. Kimes M.D.</u>	<b>23b. ADDRESS</b> <u>Cameron Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-13-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 14, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland Cemetery</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hamilton, Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>1-23-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mr. Ruth Ann Jurgens</u>	<u>499</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Morris A. Brown Hamilton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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D. 48

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**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 Marvin A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton

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.