

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27340

State File No.

REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 215

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>10 1/2 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>481 South Hunt St. Rt #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shaffer Coal Mine</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) _____			c. (Last) <u>Satterman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20, 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 30, 1888</u>		9. AGE (In years last birthday) <u>60</u>		10. IF OVER 1 YEAR Months <u>7</u> Days <u>20</u>		11. IF UNDER 14 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		11. BIRTHPLACE (State or foreign country) <u>Orange City, Kans</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Satterman</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Marie Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>MIRTA MAE SATTERMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-094018</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mirta Mae Satterman</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crowned chest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause. (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5-9102</u> <u>4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SLUICED <input type="checkbox"/> HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shaffer Mine</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Linn Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>9 20, 1949 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Rock fell on patient 58</u>			
22. I hereby certify that I attended the deceased from <u>D.O.A.</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. T. Olson M.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>9-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug. 23, 1949</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 22, 1949</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>		167		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Larson</u> ADDRESS <u>Bucklin, Mo</u>	

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

58
1-1

MAY 28 1954



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.

Signed _____

James B. M. Clalland

Licensed Embalmer No. 4230

P. O. Address Brookfield, Mo.

Signed _____
Student Embalmer

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.