

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19088

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence 1020</b>	
c. LENGTH OF STAY (In this place) <b>6 Months</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Amiel</b> c. (Last) <b>Sass</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 17th 50</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 2nd 1899</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Days <b>10</b>	IF UNDER 1 MIN. Hours <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>" " #</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Sass</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Kreuter</b>		14. NAME OF HUSBAND OR WIFE <b>Beulah Sass</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Beulah Sass Clarence Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		<b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Regurgitation</b> DUE TO (c)		<b>1 Year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HyperTension</b>		<b>5 years</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>410X</b>
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 **March, 1949**, to **May 17, 1950**, that I last saw the deceased alive on **May 17, 1950**, and that death occurred at **3:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. L. Edrington D.O.</b>		23b. ADDRESS <b>Clarence Mo.</b>		23c. DATE SIGNED <b>5/20/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clarence Mo.</b>	

DATE REC'D BY LOCAL REG. <b>May 26-50</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	419	25. FUNERAL DIRECTOR'S SIGNATURE <b>Million &amp; Barkeley</b>	ADDRESS <b>Clarence Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

copy of 1030

RECEIVED JUN 7 1950  
District Health Officer No. 10  
District File Number 5-50-892  
Date Filed \_\_\_\_\_

JUN 6 1950



**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 Henry G. Barkeley

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.