

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26117**

FILED SEP 11 1950

BIRTH NO. **47378-50** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **998**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halls, Rural Wayne	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) R.F.D. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) KAY	c. (Last) SAUTER	4. DATE OF DEATH (Month) (Day) (Year) 9 4 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-30-1950	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Sauter	13b. MOTHER'S MAIDEN NAME Martha Dickenson	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME George Sauter, R.F.D. # 1, Halls, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 4d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7700	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) St. Joseph Buchanan Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-4-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-31, 1950, to 9-4, 1950, that I last saw the deceased alive on 9-4, 1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 9-5-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-5-1950	24c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery	24d. LOCATION (City, town, or county) (State) Wt. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Sept. 5, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	382	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

17
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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 _____

body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Signed _____
Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address *St Joseph, Mo*

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.