

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7817

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Chariton</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Chariton</u>	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>		d. STREET ADDRESS (If rural, give location) <u>0210</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Matilda</u>		c. (Last) <u>Sasse</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Feb. 13 1864</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Frankfort Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard Gutzschebauch</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Adler</u>		14. NAME OF HUSBAND OR WIFE <u>William Edward Sasse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Aarno Sasse</u> ADDRESS: <u>Chicago Ill.</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>Cardio-Vascular Renal</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>5 years</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>18 yrs</u>	
DUE TO (b) <u>Senility</u>		DUE TO (c) <u>Active life, hard work 20 yrs</u>				<u>10 mos</u>	
DUE TO (a) <u>Arteriosclerosis Edema</u>		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
19a. DATE 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 <u>June 1, 1950</u> , to <u>March 18, 1951</u> , that I last saw the deceased alive on <u>2-18-1951</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Drewer C. P. M.D.</u> (Degree or title)				23b. ADDRESS <u>Brunswick Mo</u>		23c. DATE SIGNED <u>Mar 25</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-22-51</u>		REGISTRAR'S SIGNATURE <u>Mildred B...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home</u>		ADDRESS <u>Brunswick</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-
Date Filed: APR 6 1951

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 L. L. Leopold

Licensed Embalmer No. 3976

P. O. Address Mendon Ma

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.