

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23206

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3106

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>11 years</u>		d. STREET ADDRESS (If rural, give location) <u>221 East 73<sup>RD</sup> STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 East 73<sup>RD</sup> STREET</u>			

3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>SACKZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 17 - 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	
8. DATE OF BIRTH <u>Feb 28, 1955</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City Missouri</u>	
13a. FATHER'S NAME <u>William A Barton</u>			13b. MOTHER'S MAIDEN NAME <u>DORCUS A Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES A SACKZE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS Viola Hablawetz</u> ADDRESS <u>221 E. 73<sup>RD</sup> ST.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 19 49</u>	
		ANTECEDENT CAUSES Morbidity 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.		151 <sup>1/2</sup>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Aug 10 1951 to 17 July, 1951, that I last saw the deceased alive on 16 July, 1951, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Gordon P. Barnett M.D.</u>		23b. ADDRESS <u>6333 Brookside Plaza</u>		23c. DATE SIGNED <u>18 July 51</u>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL MISSOURI</u>	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>7-21-51</u>		REGISTRAR'S SIGNATURE <u>Rosaline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman</u> ADDRESS <u>1331 BASH CREEK KANSAS CITY, MO.</u>	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

12-3-15

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

*Charles H. Steckney*

Licensed Embalmer No. 4560

P. O. Address K.P. 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.