

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41811
5457

State File No.

FILED JAN 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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 township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 938</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8034 Euclid Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>8034 Euclid Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARROLL</u>			b. (Middle) <u>P.</u>		c. (Last) <u>Satterlee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 7, 1906</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.	
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>Boylston Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William H Waggoner</u>		13b. MOTHER'S MAIDEN NAME <u>Edana Atterbury</u>		14. NAME OF HUSBAND OR WIFE <u>Amos C. Satterlee</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Amos C. Satterlee 8034 Euclid Ave. Mo.</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, assthenia, 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) <u>myocardial Failure</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Colon</u>				<u>2 weeks</u>	
DUE TO (b) _____				DUE TO (c) _____				<u>18 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>153X</u>	
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) (Minute)		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>3-26 1951</u> , to <u>12-16 1951</u> , that I last saw the deceased alive on <u>12-16 1951</u> , and that death occurred at <u>3:25 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Eugene R. Young, D.D.</u> (Degree or title)				23b. ADDRESS <u>5500 Troost</u>		23c. DATE SIGNED <u>Dec. 17 '51</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>DEC-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CRESCENT HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ADRIAN MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>12-18-51</u>		REGISTRAR'S SIGNATURE <u>St. Waldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.K. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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

5500 Quoad Column
10.121 2-5: 7-8

JAN 18 1952

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.