S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15667

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 576

1. PLACE OF DEATH
a. COUNTY: BUCHANANN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
c. LENGTH OF STAY (in this place): 5 DAYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI METHODIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: ATCHISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARRINGTON
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): SAUER
c. (Last): /

4. DATE OF DEATH (Month) (Day) (Year): MAY 30, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 1, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): ARRINGTON, KAN.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN SAUER
13b. MOTHER'S MAIDEN NAME: BARBARA MEYER
14. NAME OF HUSBAND OR WIFE: BERTHA BOWSER SAUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. ALBERT SAUER - ARRINGTON, KAN.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1952, to 5/30, 1952, that I last saw the deceased alive on 5/30, 1952, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title):
23b. ADDRESS: 420 N. 8th St. St. Joseph, Mo.
23c. DATE SIGNED: 6/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-30-1952
24c. NAME OF CEMETERY OR CREMATORY: MUSCOTAH
24d. LOCATION (City, town, or county) (State): MUSCOTAH, KAN.

DATE REC'D BY LOCAL REG.: June 5, 1952
REGISTRAR'S SIGNATURE: Carl C. Carter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STANTON MORTUARY - ATCHISON, KAN.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No. 3778

Signed Wm. S. Canton Jr.

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address Atchison, Kan

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.