.S. No. 300
EX. 10.48

FILED JAN 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

615

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 1

3193
3

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand River Twp
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi South of Harrisonville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3198
d. STREET ADDRESS (If rural, give location): 5029 E. 6th St

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): D.
c. (Last): SATTERFIELD

4. DATE OF DEATH (Month) (Day) (Year): Jan 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 26 1895
9. AGE (In years last birthday): 57 — 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): Yardmaster
10b. KIND OF BUSINESS OR INDUSTRY: Mo Pac Ry
11. BIRTHPLACE (State or foreign country): Pleasant Hill Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Satterfield
13b. MOTHER'S MAIDEN NAME: Alice Halcomb
14. NAME OF HUSBAND OR WIFE: Loris Satterfield

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.: 702-14-5442
17. INFORMANT'S SIGNATURE OR NAME: Mrs Loris Satterfield — ADDRESS: 5029 E 6th KC Mo

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: Sud Ele

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:30A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry B. Nelson D.O.
23b. ADDRESS: Harrisonville, Mo.
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 7 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem
24d. LOCATION (City, town, or county) (State): Pleasant Hill Mo

DATE REC'D BY LOCAL REG.: Jan 6, 1953
REGISTRAR'S SIGNATURE: Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE: Runnenburger — ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1953
MAR 4 1953
FEB 10 1953

RECEIVED
JAN 10
CASS COUNTY
HEALTH DEPARTMENT

JAN 22 1953

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.