

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25135

State File No. ....

FILED *JR* 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3290

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>		<b>2. USUAL RESIDENCE</b> (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>10 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2608 EAST 81<sup>ST</sup> STREET</u>		d. Is Residence within limits of a city or (incorporated town) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> .. STREET ADDRESS (If rural, give location) <u>2608 EAST 81<sup>ST</sup> STREET</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>BOBBIE LEE SATTERLEE</u>		a. (First) <u>BOBBIE</u>	b. (Middle) <u>LEE</u>
c. (Last) <u>SATTERLEE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE-26-1953</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>AUG-22-1925</u>
<b>9. AGE</b> (In years last birthday) <u>27</u>		If UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	If UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>BIERS CRUSHER ROCKS</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>ADRIAN, MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	
<b>13a. FATHER'S NAME</b> <u>AMOS C. SATTERLEE</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>CAROL WAGONER</u>	<b>13. NAME OF HUSBAND OR WIFE</b> <u>FERN SATTERLEE</u>
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>509-20-2673</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS. FERN SATTERLEE</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One hr</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Toxemia</u>	
DUE TO (c) <u>Primary Carcinoma of sigmoid colon</u>		OVER 2 1/2 hrs <u>153X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>  </u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>  </u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>6-23, 1953</u> , to <u>6-26, 1953</u> , that I last saw the deceased alive on <u>6-25, 1953</u> , and that death occurred at <u>7:45A m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>H. La Hue</u> (Degree or title)		<b>23b. ADDRESS</b> <u>RD 2 5811 Truman Rd</u>	<b>23c. DATE SIGNED</b> <u>6-26-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>JUNE 29 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>GREENLAWN CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>6-29-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D. H. Newcome's Sons</u>
ADDRESS <u>1331 BRUSH CREEK</u>		ADDRESS <u>KANSAS CITY, MO.</u>	

Nov 4 1904

Mr 6822

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.....  
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Fansco, Ca*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.