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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1953

State File No. 32515

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 West Second

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville 0 742
d. STREET ADDRESS (If rural, give location): 309 West Second 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): THEODORE
c. (Last): SAUCEMAN

4. DATE OF DEATH (Month): 9 (Day): 10 (Year): 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/20/70
9. AGE (In years last birthday): 83 | 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): Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (City and State or Foreign Country): Morristown, Tenn.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Sauceman
13b. MOTHER'S MAIDEN NAME: Emma McCoy
14. NAME OF HUSBAND OR WIFE: Ada Gibson, Sauceman, dec

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.
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. J. M. Updike, Maryville, 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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility (Dislocation Cervical Vertebra)
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: no operation, E978X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.): about the home
21c. (CITY, TOWN, OR TOWNSHIP): Maryville (COUNTY): Nodaway (STATE): Mo.
21d. TIME OF INJURY (Month): 9 (Day): 10 (Year): 53 (Hour): 7:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Jumped from upstairs window

22. *I hereby certify that I attended the deceased from* not attended *to* Sept. 10, 1953, *that I last saw the deceased alive on* Not seen, *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Dean - Coroner - MD
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/12/53
24c. NAME OF CEMETERY OR CREMATORY: Tarkio
24d. LOCATION (City, town, or county) (State): Tarkio, Missouri

DATE REC'D BY LOCAL REG.: 9-19-53
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1958

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 Clem M. Pines

Licensed Embalmer No. 1822

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.