

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33543

State File No. \_\_\_\_\_

FILED NOV 8 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4190</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Suwend/Blaird Mo</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Lascano</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blaird</u>		c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blaird, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>0370</u>					
3. NAME OF DECEASED (Type or Print) <u>MINNIE GRACE SATTERFIELD</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH (In years) (Month) (Day) (Hours) (Min.) <u>Oct 27th 1901 53</u>	
9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <u>53</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blaird, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Edward Southard</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Dexter</u>			14. NAME OF HUSBAND OR WIFE <u>Ellis Satterfield</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 <u>Ellis Satterfield</u>		ADDRESS <u>Blaird</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 Mo.</u>	
19a. DATE OF OPERATION <u>None</u>		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) (Hour) (Min.)		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>May 1st, 1954</u> to <u>Oct 20th, 1954</u> , that I last saw the deceased alive on <u>Oct 20, 1954</u> , and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. L. A. Bunge M.D.</u>				(Degree or title)		23b. ADDRESS <u>Blaird - Mo</u>		23c. DATE SIGNED <u>Oct 21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Gate Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>High Gate Mo</u>			
DATE REC'D BY LOCAL REG <u>October 29, 1954</u>		REGISTRAR'S SIGNATURE <u>Mr. Marvin Jappenga</u>		493		25. FUNERAL DIRECTOR'S SIGNATURE <u>Essenmyr James</u>			
						ADDRESS <u>Blaird</u>			

(Licensed/Embalmer's Statement on Reverse Side)

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

0370

S. No. 300  
v. 10, 48

34447 8-11-1957

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Chester Sasser*

Licensed Embalmer No. 4178

P. O. Address Bland, Va.

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.