

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **287**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 28							
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 1518 Main Street									
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET			b. (Middle) REGINA		c. (Last) SAUER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1955						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 7, 1937		9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY High School			11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri			12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Harry J. Sauer Sr				13b. MOTHER'S MAIDEN NAME Marie Witt				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry J. Sauer Sr. St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranioscerebral Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 1 day.			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) cuts and bruises about the face,											
		DUE TO (c) Woman was injured in a head on automobile collision E 816 4 on Cook Road, 3 miles East of highway # 71, and died soon after arriving at the St. Joseph's Hospital											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. on Cook Road, 3 miles East of highway # 71, and died soon after arriving at the St. Joseph's Hospital											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Washington Buchanan Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 8th 1955 10:30 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Collision			
22. I hereby certify that I attended the deceased from 1/9 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P.m. , from the causes and on the date stated above.													
23a. SIGNATURE H J Mandy Coroner M.D.						23b. ADDRESS St Joseph Mo			23c. DATE SIGNED 1/9/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11, 1955		24c. NAME OF SEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri							
DATE REC'D BY LOCAL REG. Jan 14, 1955		REGISTRAR'S SIGNATURE Bethel M. Allison		485-1		25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home		ADDRESS St. Joseph, Mo					

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

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... *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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.