

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3679

BIRTH NO.		REG. DIST. NO. 360 <sup>0</sup>		PRIMARY REG. DIST. NO. 3076		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY VERNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. LENGTH OF STAY (in this place) 53 <sup>2</sup> / <sub>10</sub>		c. CITY OR TOWN BRONAUGH		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPT				e. STREET ADDRESS (If rural, give location) 2 MI NORTHWEST BRONAUGH			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) JOHNSON c. (Last) SAATHOFF			4. DATE OF DEATH (Month) (Day) (Year) JAN 17 1955				
5. SEX MALE <sup>0</sup>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 5, 1901		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMALL GRAIN FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) BRONAUGH, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN L SAATHOFF		13b. MOTHER'S MAIDEN NAME ANNA		14. NAME OF HUSBAND OR WIFE REBEKAH SAATHOFF			
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 Rebekah Saathoff, Bronaugh			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis  ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 12 hours  about 1 yr.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Nov. 29, 1954, to Jan. 17, 1955, that I last saw the deceased alive on Jan. 16, 1955, and that death occurred at 6:58A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. Wray, M. D.				23b. ADDRESS D. Moore Building Nevada, Mo.		23c. DATE SIGNED 1-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-55	24c. NAME OF CEMETERY OR CREMATORY Wanley		24d. LOCATION (City, town, or county) (State) VERNON MO		
DATE REC'D BY LOCAL REG. 1-26-1955		REGISTRAR'S SIGNATURE Anna E. Ferry 451			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. Bernard Burns Helder Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4882  
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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 *L. Bernard Beem*.....

Licensed Embalmer No. *41*.....

P. O. Address *Sheldon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.