

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35762

State File No.

360

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6225 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wash Township</u>		c. LENGTH OF STAY (in this place) <u>3-17-51</u>	c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none - Dormitory State Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>State Hospital Dormitory</u>		
3. NAME OF DECEASED a. (First) <u>HERMAN</u> b. (Middle) <u>BALTHAS</u> c. (Last) <u>SAUTTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>separated</u>	8. DATE OF BIRTH <u>April 6, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Bessie Sautter</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>907716-571</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 3 Nevada Mo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>sudden</u> <u>heart</u> <u>attack</u> <u>to occur</u> <u>away</u> <u>within</u> <u>hour of onset.</u>
			DUE TO (c) <u>hypertension</u>		
			11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>4201</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) (Year) (Hour) m.		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>Oct 22, 1955, to Oct 22, 1955</u> , that I last saw the deceased alive on <u>Oct 22, 1955</u> and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W.D. Thurman, Doctor</u> (Degree or title) <u>Paul L. Barone</u>			23b. ADDRESS <u>Nevada, Mo.</u> <u>M.D. State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>Oct 22/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newman Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-24-55</u>		REGISTRAR'S SIGNATURE <u>Anna L. Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jerry Ferris Nevada</u>	

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

DEC 30 1955

DEC 28 1955

DEC 14 1955

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.....

Licensed Embalmer No.....4

P. O. Address.....

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.