

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13618

State File No.

FILED APR 18 1956

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 216 S. Osage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 S. Osage		700	

3. NAME OF DECEASED (Type or Print) a. (First) MR. HERMAN b. (Middle) SAUERBIER c. (Last) SAUERBIER			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 11, 1877	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real Estate Agent		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John F. Sauerbier		13b. MOTHER'S MAIDEN NAME Henrietta Herschfeld		14. NAME OF HUSBAND OR WIFE Margaret Sauerbier	
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. 997-14-1837		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. Sauerbier Indep, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 day
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Uremic poisoning</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ii. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		<i>Renal failure</i>			
DUE TO (c)					
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)		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)		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>4-4</u> , 19 <u>56</u> , to <u>4-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <i>Dr. J. Zimmerman</i>		23b. ADDRESS <i>2300 S. Liberty, Independence, Mo.</i>		23c. DATE SIGNED <i>4/9/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) (State) Indep, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ott & Mitchell</i>		ADDRESS Indep, Mo.	
DATE REC'D BY LOCAL REG. 4-11-56		REGISTRAR'S SIGNATURE <i>James Case</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

54-0

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. 3156

P. O. Address Independence

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.