

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16881

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) Holden

c. CITY OR TOWN Kingsville

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital & Clinic

e. STREET ADDRESS (If rural, give location) 0570

3. NAME OF DECEASED (Type or Print)
a. (First) Frederick b. (Middle) _____ c. (Last) Sachse

4. DATE OF DEATH (Month) (Day) (Year)
5-13-56

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-5, 1868

9. AGE (In years last birthday) 88
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store Operator Grocer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Frunkenhauser, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederick Sachse

13b. MOTHER'S MAIDEN NAME Wilhelmena Hoffman

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. J. E. Meresch Kingsville, 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) Acute Endocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Hips (left)
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
051

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1956 to 5-13, 1956, that I last saw the deceased alive on 5-13, 1956, and that death occurred at 11:20 P.M.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Salinberg, M.D.

23b. ADDRESS Holden, Mo.

23c. DATE SIGNED 5-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-14-56

24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kans.

DATE REC'D BY LOCAL REG. May 23, 1956

REGISTRAR'S SIGNATURE Mrs. H. V. Redford

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ralph A. Fulton, Kansas City, Kans.

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

0.300
0.48

50

REC'D
MAY 29
1956
JOHNSON COUNTY MO

JUN 6 1956

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 *M J Canaday*

Licensed Embalmer No. *343*

P. O. Address *Halden*

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.