

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24201

State File No.

FILED JUL 26 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage (Jackson)</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Route 4</u>	
3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route 4, Carthage</u>		4. DATE OF DEATH <u>July 15, 1956</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>SATTERFIELD</u>	c. (Last) <u>SATTERFIELD</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9, 1894</u>
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Satterfield</u>		13b. MOTHER'S MAIDEN NAME <u>Alsie Addebury</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Mae Satterfield</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>500-05-7653</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillie Satterfield Rt. 4, Carthage</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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>2-14-56</u> , 19 <u>56</u> , to <u>July 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>56</u> , and that death occurred at <u>5:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James V. Flaherty, M.D.</u>		23b. ADDRESS <u>319 W. Main St., Cartersville, Mo.</u>	23c. DATE SIGNED <u>7-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-17-56</u>	REGISTRAR'S SIGNATURE <u>W. J. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KNELL MORTUARY Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Jasper County Health Office
County File No. 5-6-7-601
Date Filed
JUL 25 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 *D. L. Isbell*

Licensed Embalmer No. *4970*

P. O. Address *Carthage*

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.