

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1956

41293

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 30 24 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Fayette, Mo.</u> c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Rural</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>Rec Hospital</u>		STREET ADDRESS (If rural, give location) <u>Fayette R.R. 4 Mo. 040</u>	

3. NAME OF DECEASED (Type or Print) d. (First) <u>Arthur</u> b. (Middle) <u>William</u> c. (Last) <u>Sackmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27-56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>		8. DATE OF BIRTH <u>Apr. 6-1899</u>	
		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Mo.</u>		9. AGE (In years last birthday) <u>59</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm Sackmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Knappid.</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Schaeff Sackmann</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Sackmann Fayette, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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) <u>Fayette, Mo. Howard, Mo.</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 27, 1956</u> , to <u>Nov 27, 1956</u> , that I last saw the deceased alive on <u>Nov 27, 1956</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>M. Beech</u>		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>12-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.L. Sall</u> ADDRESS <u>New Franklin Mo.</u>	

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

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VS DEC 2 1959

VS MAY 17 1961

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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 *W. L. Hall*.....

Licensed Embalmer No. *7515*

P. O. Address *New Franklin*

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.