THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021040
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 642

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 2208 S 9th St — Length of stay in 1b 45 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE missouri b. COUNTY Andrew
c. CITY OR TOWN Rosendale 00200 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle Elizabeth Last SABIN
4. DATE OF DEATH: Month 6 Day 17 Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-14-1881
9. AGE (In years last birthday): 76 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): norton KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John O'Bright
13b. MOTHER'S MAIDEN NAME: Eliza Jane Reedy
14. NAME OF HUSBAND OR WIFE: Charls Sabin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Edd Williams Address: Savannah mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Ukn.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arteriosclerotsis — Ukn.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-10-57, to 6-17-58 and last saw her alive on 6-17-58
Death occurred at 7 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Melvery M.D. (Degree or title)
22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.
22c. DATE SIGNED 6-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-17-1958
23c. NAME OF CEMETERY OR CREMATORY: Savannah
23d. LOCATION (City, town, or county): Savannah (State): mo

24. FUNERAL DIRECTOR: Breit Funeral Home ADDRESS: Savannah mo
25. DATE RECD. BY LOCAL REG.: June 19, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga.

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.