

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043085

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrenton 1090
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. East St.		Length of stay in lb 51 yrs.	d. STREET ADDRESS (If outside, give location) S. East St.
3. NAME OF DECEASED (Type or print) First Tessa Middle J. Last Saatman		4. DATE OF DEATH Month Dec. Day 9, Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Lincoln County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christopher Schmitt	
13b. MOTHER'S MAIDEN NAME Elizabeth Wahlbrink		14. NAME OF HUSBAND OR WIFE John W. Saatman, decd.	
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. 495-30-8820	17. INFORMANT Address Mr. Melvin Saatman, Wright City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Acute Myocardial Failure</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Valvular Heart Disease</i></u> DUE TO (c) <u><i>Atherosclerosis</i></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>4214</i></u>			INTERVAL BETWEEN ONSET AND DEATH <u><i>2-3 days</i></u> <u><i>Years</i></u> <u><i>Years</i></u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> o.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u><i>4-27-50</i></u> to <u><i>Dec. 9, 1958</i></u> and last saw her <u><i>alive on Dec. 9, 1958</i></u> Death occurred at <u><i>10:30 P</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE (Degree or title) <u><i>A. W. Macfarlane D.O. 2</i></u>		22b. ADDRESS <u><i>Warrenton, Mo.</i></u>	22c. DATE SIGNED <u><i>12-12-58</i></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City, Mo.
24. FUNERAL DIRECTOR ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 12, 1958	26. REGISTRAR'S SIGNATURE <u><i>Floyd Logan</i></u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

DEC 18 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 *John Thiburg*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Or*

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.