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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-002296
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Crawford township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Linn R F D — Length of stay in Ib: Life

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Linn 0760 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R F D (If outside, give location) — Reside on Farm Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First HERMAN Middle * ** Last SANDBOTHE

**4. DATE OF DEATH** Month Jan. Day 30 Year 1959

**5. SEX** male

**6. COLOR OR RACE** white

**7. MARITAL STATUS** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

**8. DATE OF BIRTH** March 6 1879

**9. AGE** (In years last birthday) 79 — IF UNDER 1 YEAR: Months 10 Days 24 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) farmer

**10b. KIND OF BUSINESS OR INDUSTRY** farming

**11. BIRTHPLACE** (City and state or country) Loose Creek Mo

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Herman Sandbothe

**13b. MOTHER'S MAIDEN NAME** Catherine Schramm

**14. NAME OF HUSBAND OR WIFE** Catherine Meyerpeter Dec.

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** none

**17. INFORMANT** Mrs Leo W Niekamp Address Loose Creek, Mo RFD

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Hypostatic pneumonia | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Generalized Arteriosclerosis | 12 mos |
| DUE TO (c) | Carcinoma Prostate primary site | 36 mos. |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease c congestive failure 177X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**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 Jan. 1958, to Jan 30, 1959 and last saw ~~her~~ him alive on Jan 30, 1959.
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Herman W. Ballwin (Degree or title) DO 2

**22b. ADDRESS** Linn

**22c. DATE SIGNED** Jan 31, 1959

**23a. BURIAL, CREMATION, REMOVAL** (Specify) burial

**23b. DATE** Feb. 1 1959

**23c. NAME OF CEMETERY OR CREMATORY** St George Cemetery

**23d. LOCATION** (City, town, or county) Linn (State) MO

**24. FUNERAL DIRECTOR** Clyde Morton ADDRESS Linn Mo

**25. DATE RECD. BY LOCAL REG.** Feb. 4 1959

**26. REGISTRAR'S SIGNATURE** Mrs. T. A. Dubroueillet

(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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lewiston, Me

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.