

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020210
STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 92

V. S. 300
ev. 1-57

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Neosho</u> |
| c. FULL NAME OF (If NOT in hospital, give location) 2 <u>State Hospital #3</u> | | Length of stay in 1b <u>25 1/2 mo</u> | d. STREET (If outside, give location) 073 ADDRESS <u>unknown</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Leroy</u> Middle <u>Sater</u> Last <u>Sater</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1959</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 20, 1898</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>10</u> Days <u>4</u> Hours <u></u> Min. <u></u> |
| 11. BIRTH PLACE (City and state or country) <u>Neosho, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Willis J. Sater</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty Abbot</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 17. INFORMANT <u>unknown Hospital Nevada Mo</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>unknown</u> | |
| 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>Cardiac Dilatation Acute</u> DUE TO (b) <u>Tuberculosis Pul</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>March 1, 1956</u> to <u>May 24, 1959</u> and last saw him alive on <u>May 24, 1959</u> Death occurred at <u>8:30 p</u> m on the date stated above; and to the best of my knowledge, for the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edmund J. ...</u> | | 22b. ADDRESS <u>State Hospital #3 Nevada Mo</u> | |
| 22c. DATE SIGNED <u>5-24-59</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>May 26, 1959</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Deepwood Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-5-59</u> | |
| ADDRESS <u>Nevada, Missouri</u> | | 26. REGISTRAR'S SIGNATURE <u>Arnal & Jerry</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *L. Angles Jr.*

Licensed Embalmer No. *4960*

P. O. Address *Meranda, Mo.*

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.