

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022248

FILED JUL 13 1959 231

Registration District No. 5908 Primary Registration District No. 4342 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WARREN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEAR-CREEK		Length of stay in 1b	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Pendleton
3. NAME OF DECEASED (Type or print) First ALVIN Middle R Last SACHSE		4. DATE OF DEATH Month July Day 7 Year 59	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 9 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) driver		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 7 YEAR IF UNDER 24 HR Months 75 Days Hours Min.
11. BIRTHPLACE (City and state or country) St Louis		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Otto Sachse		13b. MOTHER'S MAIDEN NAME Ida Hetzel	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 491-18-9711		17. INFORMANT Ed Sachse Address Pendleton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) extreme debility DUE TO (c) CA of Rectum & metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 14 April 59 to 7 July 59 and last saw him alive on 4 July 59 Death occurred at 2:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter Marts, D.O.		22b. ADDRESS Jonesburg, Mo.	22c. DATE SIGNED 7-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-59	23c. NAME OF CEMETERY OR CREMATORY Sachse	23d. LOCATION (City, town, or county) (State) Pendleton MO
24. FUNERAL DIRECTOR L. R. Harding ADDRESS Jonesburg MO		25. DATE RECD. BY LOCAL REG. July 9-1959	26. REGISTRAR'S SIGNATURE Laura B Callaway

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Law A. Harker

Licensed Embalmer No. 4115

P. O. Address Jonesburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.