SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 186 -61-022109 STATE FILE NUMBER

AMENDED

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 315 E. 3rd (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Bethyl Middle M. Last Saner
4. DATE OF DEATH Month June Day 10 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH 6-8-1900
9. AGE (last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper & Stenographer
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Sedalia Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Saner
13b. MOTHER'S MAIDEN NAME Elizabeth Graney
14. NAME OF HUSBAND OR WIFE —
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.
17. INFORMANT John A. Saner — Address 1614 So Lamine

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) Cirrhosis of liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Terminal condition precepitated by fall in doorway with fracture right humerous
DUE TO (c) and fracture 12th dorsal vertebra
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) Stumbled on rug in doorway of home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4/23/61
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.) In home
20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Mo.

21. I attended the deceased from 9/8/58, to 6/10/61 and last saw her him alive on 6/9/61
Death occurred at 4:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Karl B. Gonser MD (Degree or title)
22b. ADDRESS 101½ S. Ohio Sedalia, Mo.
22c. DATE SIGNED 6/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-12-1961
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) Sedalia (State) Mo
24. FUNERAL DIRECTOR McLaughlin Bros — ADDRESS 519 So Ohio
25. DATE RECD. BY LOCAL REG. 6-13-1961
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.