

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030308

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 188

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rolle</u>		Length of stay in 1b <u>1 1/2 hrs</u>	c. CITY OR TOWN <u>Intant</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Steven Wray Satterfield</u>			4. DATE OF DEATH Month Day Year <u>Aug - 19 - 1961</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>Whit.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Intant</u>	9. AGE (last birthday) <u>1</u> Months <u>1</u> Days <u>30</u> Hours <u>30</u> Min	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Rolle - Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wray Satterfield</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Williams</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Wray Satterfield - Union - Mo.</u>	Address <u>—</u>
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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>Congenital heart, stenosis,</u> <u>polyhydramnion, hydrocephalus,</u> <u>achondroplastic dwarf</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malformation of baby - hydrocephalus,</u> <u>stenosis</u>		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.) <u>—</u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>Aug 19, 61</u>		

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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>—</u>	COUNTY <u>—</u>	STATE <u>—</u>
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21. I attended the deceased from Aug 19, 61 to Aug 19, 61 and last saw her Aug 19, 61 8:53 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard E. Myers</u>	22b. ADDRESS <u>Newburg Mo</u>	22c. DATE SIGNED <u>Aug 20, 1961</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 19 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highgate Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Merics County - Mo</u>

24. FUNERAL DIRECTOR <u>Sassman's Funeral Service</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Madame L. Stoll</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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.

NOT Embalmed

Student _____
Signature of Student Embalmer

Signed *Chute Sassman*

Licensed Embalmer No. *4128*

P. O. Address *Blond-M*

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.