

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27463

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5685</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Twp.</u>		c. LENGTH OF STAY (In this place) <u>5-22</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHU 12</u>		R.F.D. Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Mailey Home.</u>				d. STREET ADDRESS (If rural, give location) <u>9 mi. East Laredo. 0560</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John William</u> b. (Middle) <u>Sahee</u> c. (Last) <u>Sahee</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>12</u> <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-4-1868</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>7</u>		11. DAYS <u>8</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Sahee</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Sahee</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Sahee</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Mailey Purdin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1946</u> , to <u>Aug 12, 1950</u> , that I last saw the deceased alive on <u>Aug 11, 1950</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Martin</u>				23b. ADDRESS <u>M.O.</u>		23c. DATE SIGNED <u>8/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>8-14-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>		24d. LOCATION (City, town, or county) (State) <u>Purdin Mo</u>	
DATE REC'D BY LOCAL REG <u>Aug. 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Robertson Funeral Home Laredo Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

AUG 23 1950

Date Received: AUG 21 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 8-50-1352  
Date Filed: AUG 23 1950

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 .....  
Student Embalmer

Signed

*John M Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo 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 this body is not embalmed, fact should be so stated above.