

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12663**
1540

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 5 YEARS		d. STREET ADDRESS (If rural, give location) 2464 QUINCY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) HENRY	c. (Last) SAUVAIN	4. DATE OF DEATH (Month) (Day) (Year) APRIL - 4 - 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 8 - 1879	9. AGE (In years last birth-day) 72 YRS	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY PEERLESS FOOD CO.	11. BIRTHPLACE (State or foreign country) MARSHALLVILLE OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME GUSTAV SAUVAIN	13b. MOTHER'S MAIDEN NAME MAGDALINE MYER	14. NAME OF HUSBAND OR WIFE LEONA SAUVAIN
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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) NO	16. SOCIAL SECURITY NO. 511-05-7481	17. INFORMANT'S SIGNATURE OR NAME MRS. LEONA SAUVAIN	ADDRESS 2464 QUINCY AVE. KANSAS CITY, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extensive Arterial Sclerosis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **May 30, 1949**, to **April 3, 1949**, that I last saw the deceased alive on **Apr 2 9th 1949**, and that death occurred at **3:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Gist W. L. Gist M.D.	23b. ADDRESS 314 Shaker & Bldg	23c. DATE SIGNED 4-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 6 - 1949	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-6-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons	ADDRESS 1401 BRUSH CREEK BLVD KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

R. P. Nofsinger

Licensed Embalmer No.

3958

P. O. Address

Parsons City

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.