

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33142**

BIRTH NO. 55-257-49		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5132	Registrar's No. 1095
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Halls, Rural Wayne		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) Halls (Rural) Wayne		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1, Halls, Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. # 1,		
3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) DEAN c. (Last) SAUTER			4. DATE OF DEATH (Month) (Day) (Year) 10 7 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, Single WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-28-1949	9. AGE (In years last birthday) 10 IF UNDER 1 YEAR: Months 10 Days 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Halls, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George Sauter		13b. MOTHER'S MAIDEN NAME Martha Dickenson		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Sauter, Halls, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Furline from an Oval to close; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 days
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) m.	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 Oct 1st , 19 49 , to Oct 7th , 19 49 , that I last saw the deceased alive on Oct 7 , 19 49 , and that death occurred at 5:30 A. , from the causes and on the date stated above.				
23a. SIGNATURE John E. Jenkins (Degree or title)		23b. ADDRESS Wathena Kansas		23c. DATE SIGNED 10-7-49
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-9-1949	24c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Oct 10, 1949	REGISTRAR'S SIGNATURE E. E. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Jenkins, St. Joseph, Mo.		

(Licensed Embalmer) (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 *John E. Rupp*
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.