

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29516

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1108</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>D110</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Washington Township</u> <u>1</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #3 Buchanan County Infirmary</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>			b. (Middle) <u>*****</u>		c. (Last) <u>SAUTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u> <u>9</u>		8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years last birthday) (Specify) <u>About 79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u> <u>9</u>			12. CITIZEN OF WHAT COUNTRY? <u>unk.</u>		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Record Buchanan Infirmary-St. Joseph, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub-Arachnoid Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>57 hours</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>XXXXXXXXXX</u>						<u>XXXXX</u>	
		DUE TO (c) <u>XXXXXXXXXX</u>						<u>XXXXXX</u>	
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u>						<u>XXXXXX</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>XXXXXXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u> <u>3.31X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>					
22. I hereby certify that I attended the deceased from <u>Sept. 26, 1950</u> , to <u>Sept. 28, 1950</u> , that I last saw the deceased alive on <u>Sept. 27, 1950</u> , and that death occurred at <u>10:20P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Norma Stang M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u>			23c. DATE SIGNED <u>10-2-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u> ADDRESS <u>Stamey Funeral Home-St. Joseph, Mo.</u>					

(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.

Signed Charles M. Harman

Signed.....  
Student Embalmer

Licensed Embalmer No. 487

P. O. Address St. Joseph

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.