

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8240

451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		<u>0451</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 N. Howard</u>				d. STREET ADDRESS (If rural, give location) <u>418 N. Howard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u>		b. (Middle) <u>William</u>		c. (Last) <u>Sachsenheimer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 24 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 18, 1870</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Kleingartach, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ludwig Sachsenheimer</u>		13b. MOTHER'S MAIDEN NAME <u>Godlieb Dehn</u>		14. NAME OF HUSBAND OR WIFE <u>Dena J. Sundermeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, 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 ADDRESS <u>Mrs F. W. Sachsenheimer Fayette, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pneumonia</u> 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. <u>Benign prostatic hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>491X</u>	
19a. DATE OF OPERATION <u>None</u>		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) <u>Fayette Howard Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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</u> , 19 <u>54</u> to <u>Mar</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 24</u> , 19 <u>51</u> , and that death occurred at <u>12 noon</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ann J. Shaw, Jr. M.D.</u>				23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>Mar 26 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-26-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shella</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-28-51 -----

APR 3 1951

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 -----

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.