

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15916**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **41**

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

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY CLINTON	
b. CITY OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron 0251	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 203 S Cherry St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) - c. (Last) SAUTTER			4. DATE OF DEATH (Month) (Day) (Year) 5 11 52		
5. SEX MO	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed?	8. DATE OF BIRTH MAY 29 - 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Not known	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Bervice SAUTTER
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. now	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Herbert Ruth Libert Mrs.

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		INTERVAL BETWEEN ONSET AND DEATH 2 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X	

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 **2-10, 1952** to **5-11, 1952**, that I last saw the deceased alive on **5-10, 1952**, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE J D Himes M D (Degree or title)	23b. ADDRESS Cameron, Mo	23c. DATE SIGNED 5-17-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-13-52	24c. NAME OF CEMETERY OR CREMATORY Setting
DATE REC'D BY LOCAL REG. 5-15-52	REGISTRAR'S SIGNATURE Wimber W. Moser	FUNERAL DIRECTOR'S SIGNATURE ADDRESS St Paul Lutheran Home

967 27 1952

MAR 24 1958

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 Robert + Roland

Licensed Embalmer No. 4217

P. O. Address 222 West 3rd St

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.