

STANDARD CERTIFICATE OF DEATH

26862

State File No.

FILED JUL 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>330</u>		PRIMARY REG. DIST. NO. <u>6112B</u>		Registrar's No. <u>6112B</u>		
1. PLACE OF DEATH a. COUNTY <u>Scott</u> ¹⁰⁰⁰				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u> ¹⁰⁰⁰				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>		c. LENGTH OF STAY (in this place) <u>33 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u> ⁰				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> b. (Middle) <u>Behh</u> c. (Last) <u>Sauer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1952</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 28, 1886</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS Days		IF UNDER 12 HRS Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Anna, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Preshey Bone Davis</u>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE <u>George D. Sauer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>G. D. Sauer</u>		ADDRESS <u>Illmo, 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>Carcinoma of cecum and colon</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>					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 <u>Jul. 1, 1951</u> , to <u>Jul. 9, 1952</u> , that I last saw the deceased alive on <u>Jul. 8, 1952</u> , and that death occurred at <u>7-30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. D. Sauer</u>				23b. ADDRESS <u>Illmo, Mo.</u>		23c. DATE SIGNED <u>7-9-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-9-52</u>		REGISTRAR'S SIGNATURE <u>G. D. Sauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u>		ADDRESS <u>Illmo, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-10-52
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 752-215

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illness, 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.