

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 373
Registrar's No. 97

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 97		
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 township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 4912 King Hill Ave.				
3. NAME OF DECEASED (Type or Print) Ollie W Sack			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Jan. 11, 1953		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 30, 1874		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Brown		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Robert L. Sack		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Oscar L. Sack, St. Joseph, Mo.				
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) Acute Congestive failure INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart disease urban DUE TO (c) Essential Hypertension urban II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia 12 hrs.						
19a. DATE OF OPERATION		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)		443X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 6, 1953, to Jan 11, 1953, that I last saw the deceased alive on Jan 11, 1953, and that death occurred at 3:55 A.M., from the causes and on the date stated above.								
23a. SIGNATURE Sharon E. Wagner M.D.				23b. ADDRESS 301 Illinois		23c. DATE SIGNED 1/12/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
DATE REC'D BY LOCAL REG. Jan. 26, 1953		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE Clark		ADDRESS Clark Funeral Home 120 Illinois		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 *E. A. Clark*.....

Licensed Embalmer No. 4238.....

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.