

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8396

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 982

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE NEBRASKA b. COUNTY JAWAS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 DAYS	c. CITY OR TOWN CHADRON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTROPATHIC HOSP.			e. STREET ADDRESS (If rural, give location) Box 286		82608
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) C. c. (Last) SAUST			4. DATE OF DEATH (Month) (Day) (Year) 3 2 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 3-17-1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Month 12 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RANCHER		10b. KIND OF BUSINESS OR INDUSTRY RANCHER	11. BIRTHPLACE (City and State or Foreign Country) MADEBURG, GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME CHARLIE SAUST		13b. MOTHER'S MAIDEN NAME DOROTHEA WUNDERLING		14. NAME OF HUSBAND OR WIFE ELIZABETH L. SAUST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	16. SOCIAL SECURITY ? NO.	17. INFORMANT'S SIGNATURE OR NAME Phillip H. Saust Chadron			
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) PULMONARY EMBOLUS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PROSTATIC HYPERTROPHY (SURGERY OF) DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6/0 P
19a. DATE OF OPERATION 3-1-55	19b. MAJOR FINDINGS OF OPERATION PROSTATIC HYPERTROPHY				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) m.	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 2-23 , 19 55 , to 3-2 , 19 55 , that I last saw the deceased alive on 3-2 , 19 55 , and that death occurred at 11:55 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE A. A. Choquette (Degree or title) <i>A. A. Choquette, M.D.</i>			23b. ADDRESS 300 Byron Bldg. K.C.		23c. DATE SIGNED 3/3/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-4-55	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Chadron Nebraska		
DATE REC'D BY LOCAL REG. 3-4-55	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. C. L. Forster Funeral Home K.C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Virgil H. Hume*

Licensed Embalmer No. 3

P. O. Address *H.C. 9*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.