

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

231

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 1

|  |  |   |                                    |
|--|--|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Boone</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Boone</b> |                                    |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Centralia</b> |  | c. LENGTH OF STAY (in this place) (township)<br><b>9 months</b>   | c. CITY OR TOWN<br><b>Columbia</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Hulen Nurses Home</b>                  |  | STREET ADDRESS (If rural, give location)<br><b>114 Second Avenue</b> <span style="float: right;">01051</span>                                   |                                    |

|   |                                  |  |   |  |  |
|---|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Satterfield</b> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>1 21 56</b>                           |  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>12-6-1878</b>  | 9. AGE (In years last birthday)<br><b>77</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Cement Finisher</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Contracting</b>                  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Bloomington, Indiana</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>James Satterfield</b>                    |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rilda Mize</b>                                       |  | 14. NAME OF HUSBAND OR WIFE<br><b>Cora Lee Sargent</b>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>488-12-1292</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Sam Elder 211 Fourth Columbia, Mo.</b> |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infirmitie of Old Age</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b><br><br><b>years</b><br><br><b>years</b><br><br><b>few years</b> |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <b>Cardiovascular Syndrome</b>                      |  |  |
|   | DUE TO (c) <b>Chronic Pyelonephritis &amp; Cystitis</b>                             |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetic Malnutrition</b>  |   |  |  |

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|--|--|---|
| 19a. DATE OF OPERATION<br><b>1-21-56</b>           | 19b. MAJOR FINDINGS OF OPERATION<br><b>442x</b>  | 20. AUTOPSY?<br>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 7-25-55, 1955, to 1-21-56, 1956, that I last saw the deceased alive on 12-31-56, 1956, and that death occurred at 10:15 A m., from the causes and on the date stated above.

|                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><i>[Signature]</i> | (Degree or title) of 23b. ADDRESS<br><b>Centralia Mo</b> | 23c. DATE SIGNED<br><b>1-21-56</b> |
|--------------------------------------|--|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 24b. DATE<br><b>1-22-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>New Providence Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Boone County Missouri</b> |
|--|-----------------------------|--|---|

|  |   |      |  |   |
|--|---|------|--|---|
| DATE REC'D BY LOCAL REG.<br><b>Jan 25-1956</b> | REGISTRAR'S SIGNATURE<br><b>Maud Mc Bride</b> | 30-0 | 25. GENERAL DIRECTOR'S SIGNATURE<br><i>[Signature]</i> | ADDRESS<br><b>Memorial Funeral Home Columbia, Mo.</b> |
|--|---|------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *James Sprinkle* .....

Licensed Embalmer No. *4013* .....

P. O. Address *Columbia* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.