

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3639**

FILED FEB 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6238** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>Belgrade</b>		c. CITY OR TOWN <b>Belgrade</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 years</b>		e. STREET ADDRESS (If rural, give location) <b>1100</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Augusta</b> c. (Last) <b>Sadler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 16 1895</b>	9. AGE (In years last birthday) <b>60</b>	# UNDER 1 YEAR Months <b>7</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Crawford Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Web Hunt</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Wisdom</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Sadler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Sadler Belgrade Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of uterus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>apr 54</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Chrom. Metastasis</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>174x</b>		

19a. DATE OF OPERATION <b>May, 1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of uterus</b>		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 **Apr 27, 1954**, to **Feb 11, 1956**, that I last saw the deceased alive on **Jan 23, 1956**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Don V. Hoffmeyer M.D.</b>		23b. ADDRESS <b>De Soto, Mo.</b>		23c. DATE SIGNED <b>Feb 11, 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Caledonia M.E. Cem.</b>	
DATE REC'D BY LOCAL REG. <b>2/14/56</b>		REGISTRAR'S SIGNATURE <b>Hubert Endall</b>		24d. LOCATION (City, town, or county) (State) <b>Washington Co. Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mr. Luther Sparks Petoski Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 14

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 *Murphy L. ...*

Licensed Embalmer No. *4236*

P. O. Address *St. Paul, Minn.*

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.