

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

31236
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 298

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cole</u> <u>0</u>		b. CITY OR TOWN <u>Jefferson City</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>0264</u>		c. CITY OR TOWN <u>Jefferson City</u> Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles B. Smith 5 hrs 45 min</u> Length of stay in lb				d. STREET ADDRESS <u>517 E. Astley</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Aldolph Pete Sauer</u> First Middle Last			4. DATE OF DEATH <u>Sept. 15 1957</u> Month Day Year				
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25, 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					Months	Days	Hours
					Minutes		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, esp if retired) <u>Else worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General & One callville mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>		
13. FATHER'S NAME <u>Julius Sauer (Julius)</u>			14. MOTHER'S MAIDEN NAME <u>Pauline Ott Frieda 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.		17. INFORMANT <u>Norman Sauer - 1211 Carter City</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>							<u>5 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u>							<u>several days</u>
DUE TO (c) <u>General arteriosclerosis 4500 per cent yrs</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>① Pneumonia ② Chronic passive congestion of heart</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u> a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u> COUNTY STATE
21. I attended the deceased from <u>9/15/57</u> to <u>9/15/57 (PM)</u> and last saw <u>him</u> alive on <u>9 PM</u> . Death occurred at <u>10</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. E. Doffer D.O. 2</u> (Name or title)				22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>9/16/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-18-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Thorpe J. Gordon</u> ADDRESS <u>Jefferson City Mo.</u>			25. DATE RECD. LOCAL REG. <u>16 Sept 1957</u>		REGISTRAR'S SIGNATURE <u>R. P. Morris MD - Mo.</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 20 1958

JAN 23 1958

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 *Harry E. Monroe* _____

Licensed Embalmer No. *414*

P. O. Address *Jeff. City*

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.