FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009091
STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 5150 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Caldwell	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton — Inside Limits Yes X No ☐	c. CITY OR TOWN Rural 0130 — Inside Limits Yes ☐ No X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 1½ Yrs.	d. STREET ADDRESS (If outside, give location) 4 Mi. SE Hamilton — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: Arthur	Middle: Homer	Last: Sackman	4. DATE OF DEATH Month Day Year: Mar. 19, 1958
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 4, 1887	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Caldwell Co., Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Martin Daniel Sackman		14. MOTHER'S MAIDEN NAME: Cynthia Ellen Clare		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 497-40-7212	17. INFORMANT: Mrs. Grace Sackman	Address: Hamilton, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____ 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 19, 1958, to March 12, 1958 and last saw her (him) alive on March 19, 1958. Death occurred at March 19, 1958 (8 P.M.) on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard Carter M.D. 0	22b. ADDRESS: Hamilton, Mo.	22c. DATE SIGNED: March 22, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-22-1958	23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery	23d. LOCATION (City, town, or county): Hamilton (State): Mo.
24. FUNERAL DIRECTOR: Morris A. Bram	ADDRESS: Hamilton, Mo.	25. DATE RECD. BY LOCAL REG.: 3-28-58	26. REGISTRAR'S SIGNATURE: Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Morris A. Br

Licensed Embalmer No. 3

P. O. Address Hamil

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.