

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024845

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 53

Primary Registration District No.

Registrar's No. 408

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Gir.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Appleton</u> 6168 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		Length of stay in 1b <u>18 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rose Marie Sachse</u>			4. DATE OF DEATH Month Day Year <u>July 26 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 13, 1874</u>
9. AGE (No years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Appleton, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Sachse</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Schalk</u>
14. NAME OF HUSBAND OR WIFE <u>✓</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. <u>✓</u>
17. INFORMANT <u>Harry Sachse</u>		Address <u>Cape Gir.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Hypertensive Myocarditis</u> DUE TO (c) <u>&amp; Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u> <u>4 yrs</u> <u>2-3 da.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from <u>7-6-58</u> to <u>7-26-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>7-26-58</u> Death occurred at <u>3:02 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <u>William J. Oehler M.D.</u>		22b. ADDRESS <u>Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>7-24-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton Mo.</u>
24. FUNERAL DIRECTOR <u>H.C. Cracraft</u>		ADDRESS <u>Jackson, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>August 1, 1958</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	

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 *J. C. Crueft* .....

Licensed Embalmer No. *4329* .....

P. O. Address *Seabrook, Md.* .....

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.