

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
159

58-029477

STATE FILE NUMBER

FILED SEP 4 1958

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

5591

Registrar's No. 33

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CENTRAL</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>DESOTO</b> 0502 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>CASTLE ACREN.H. 6 MO</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>410 E CLEMENT</b>
3. NAME OF DECEASED - First Middle Last (Type or print) <b>WILLIAM FOREST SANSOUCIE</b>			4. DATE OF DEATH Month Day Year <b>August 28, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>unknown</b>
9. AGE (In years last birthday) <b>80</b>		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) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>RICHWOODS, MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN SANSOUCIE</b>	
13b. MOTHER'S MAIDEN NAME <b>ZOIE RUHO</b>		14. NAME OF HUSBAND OR WIFE <b>MARY SANSOUCIE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>496-28-6936</b>	17. INFORMANT <b>JOHN SANSOUCIE R3 DESOTO MO.</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio-sclerotic cardio-vascular renal disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>442X</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <b>no</b> <input type="checkbox"/> <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 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	COUNTY STATE
21. I attended the deceased from <b>June 3, 1957</b> , to <b>aug 28, 58</b> and last saw him alive on <b>aug 28, 58</b> Death occurred at <b>10th St</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harv. Hoffmistry MD</b>		22b. ADDRESS <b>Desoto, MO.</b>	22c. DATE SIGNED <b>aug 30, 58.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>Aug 30 1958</b>	<b>WOODHAWA</b>	<b>DESOTO MO</b>
24. FUNERAL DIRECTOR <b>MAHN FUNERAL HOME DESOTO, MO</b>		25. DATE RECD. BY LOCAL REG. <b>9-2-58</b>	26. REGISTRAR'S SIGNATURE <b>Oleta Bierardier, Sup</b>

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 3 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 Daniel J. Mahan  
Licensed Embalmer No. 4326  
P. O. Address St. Louis, Mo.

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.