

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009640
STATE FILE NUMBER

APR 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1472

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL 2 YEARS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 620 EAST MARTIN BLVD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRY Middle C. Last SACKMANN			4. DATE OF DEATH Month MARCH Day 18 Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBRUARY 1, 1897
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY FORD MOTOR COMPANY	11. BIRTHPLACE (City and state or country) FARMINGTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WILHELM SACKMANN	
13b. MOTHER'S MAIDEN NAME WILHELMINA LUDWIG		14. NAME OF HUSBAND OR WIFE MRS. RUBY SACKMANN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-05-2138	
17. INFORMANT MRS. RUBY SACKMANN		Address 520 MARTIN BLVD. KANSAS CITY, 16, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abnormal prothrombin time DUE TO (c) Obstructive jaundice due to Cholelithiasis			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis			
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 088, 1956 to 3-17-59 and last saw him alive on 3-17-59 Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles S. Cooper M.D.		22b. ADDRESS 1226 Quail Bldg.	
22c. DATE SIGNED 3-19-59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MARCH 20, 1959		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
23d. LOCATION (City, town, county) (State) KANSAS CITY MISSOURI		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.	
25. DATE RECD. BY LOCAL REG. 3-20-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Charles S. Cooper

All diseases in Part I must be causally related.

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 .. *Edward M. Stoney*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 10 11*

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.