

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028648

FILED VS AUG 17 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 174

INDEXED

1. PLACE OF DEATH a. COUNTY Franklin.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri ; COUNTY Franklin.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington.		Length of stay in 1b 52 yrs.	c. CITY OR TOWN Washington.		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. Francis Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 721 W. 3rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thekla Middle Clara Last Saak.			4. DATE OF DEATH Month Aug. Day 11th, Year 1959.			
5. SEX Female	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1906	9. AGE (last birthday) 53 yrs 3 mos. 7 das	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker.		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	11. BIRTHPLACE (City and state or country) Treloar, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Herman Saak.		13b. MOTHER'S MAIDEN NAME Fredericka Annis.		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. 493-01-0357	17. INFORMANT Walter Saak		Address Washington, 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) Generalized carcinomatosis, terminal, source undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
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 _____ a.m. _____ p.m. Month, Day, Year _____	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 16 Feb 59 to 11 Aug 59 and last saw her ^{her} _{him} alive on 11 Aug 59 Death occurred at 1:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R. B. Bago, Jr. (Degree or title)			22b. ADDRESS Washington Mo		22c. DATE SIGNED 12 Aug 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 14, 1959.	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	23d. LOCATION (City, town, or county) Washington,	(State) Mo.		
24. FUNERAL DIRECTOR Nieburg & Vitt, Inc.		ADDRESS Washington, Mo.	25. DATE RECD. BY LOCAL REG. 8/12/59	26. REGISTRAR'S SIGNATURE F. J. ...		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin C. Neuhoff

Licensed Embalmer No. 7387

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.