

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED JUL 10 1961

-61-020883
 STATE FILE NUMBER

AMENDED Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 16

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Coles Township</i>		Length of stay in 1b <i>2 mo.</i>	c. CITY OR TOWN <i>Labadie</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Labadie, R.I.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R.I.</i>
3. NAME OF DECEASED (Type or print) <i>HERBERT A. Sachsenroeder</i>		First <i>Herbert</i> Middle <i>A.</i> Last <i>Sachsenroeder</i>	4. DATE OF DEATH <i>June 23, 1961</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1/26/1894</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, event if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>	11. BIRTHPLACE (City and state or country) <i>Labadie, Missouri</i>
13. FATHER'S NAME <i>Herman Sachsenroeder</i>		13b. MOTHER'S MAIDEN NAME <i>Annie Stricker</i>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs. Clara Nader, Labadie, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Carcinoma of stomach</i>			<i>P. colostomy Nov. 1960</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>metastatic carcinoma</i>			
DUE TO (c) <i>originating in colon</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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: <i>May 23, 1961, to June 23, 1961</i> and last saw ^{her} him alive on <i>May 23, 1961</i> Death occurred at: <i>3:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. S. Puffer, D.O.</i>		22b. ADDRESS <i>Paris, Missouri</i>	22c. DATE SIGNED <i>6-24-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>June 25, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Meyer Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Labadie, Missouri</i>
24. FUNERAL DIRECTOR <i>Freburger & Co., Inc. Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>June 25, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mary B. Gross</i>

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 11 1981

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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.