

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0059886 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUD

AMENDED

FILED JAN 17 1964

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>47 YEARS</u>		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>7407 BELLEVUE</u>		d. STREET ADDRESS (If outside, give location) <u>7407 BELLEVUE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>AMELIA</u> Middle <u>MARY</u> Last <u>SAUER</u>			4. DATE OF DEATH <u>DECEMBER 23, 1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</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>9-23-1880</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOX MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NATIONAL PAPER BOX FACTORY</u>		11. BIRTHPLACE (City and state or country) <u>LOUISVILLE, KENTUCKY</u>	
13a. FATHER'S NAME <u>GEORGE P. SAUER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE WALTER</u>		14. NAME OF HUSBAND OR WIFE <u>MISS. MAYME SAUER, K.C. MO.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>7407 BELLEVUE</u> <u>MISS. MAYME SAUER, K.C. MO.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
DUE TO (b) <u>Strangulated left inguinal Hernia</u>		<u>7 days</u>
DUE TO (c) _____		_____

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		
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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.)			
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____				
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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
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21. I attended the deceased from 12-21-63 to 12-23-63 and last saw her/him alive on 12-23-63  
Death occurred at 12-23-63 7:00pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. Q. Lyndon, Jr.</u>	22b. ADDRESS <u>1027 E 75, K.C. MO.</u>	22c. DATE SIGNED <u>12-24-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D. W. HUNTER'S Sons - Kansas City, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>12-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF H. R. Lyndon, Jr. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1	
2	<u>3928</u>
3	<u>2</u>
4	<u>1</u>
5	<u>0</u>
6	
7	<u>1</u>
8	<u>2</u>
9	<u>5610</u>
10	
11	
12	<u>90-0</u>
13	

8880390

STATE OF TEXAS

W. P. St. Louis, Jr.  
9504 S. Main St.  
Dallas, Texas 75216  
44-5-73

**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 Harold P. Kiel

Licensed Embalmer No. 4998

P. O. Address R.E. Moore

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.