

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000510
STATE FILE NUMBER

300
1-57

FILED JAN 19 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</u> 0164 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospt'l 1 day</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>339 North Park Ave.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DODDRIDGE F. SADLER</u>			4. DATE OF DEATH Month Day Year <u>January 6, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 8, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Denist, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Practice</u>	11. BIRTHPLACE (City and state or country) <u>Oak Ridge, Missouri</u>
13a. FATHER'S NAME <u>Henry F. Sadler</u>		13b. MOTHER'S MAIDEN NAME <u>Serena Morton</u>	14. NAME OF HUSBAND OR WIFE <u>Willie M. Sadler</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>Miss Alene Sadler Cape Girardeau, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction at Home</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3:31x</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <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 a.m. Month, Day, Year 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 <u>1969</u>
21. I attended the deceased from <u>1/11/1959</u> to <u>1/14/1959</u> and last saw her alive on <u>1/13/1959</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. H. H. H.</u>		22b. ADDRESS <u>24 N. Sprigg Cape Gir., Mo</u>	22c. DATE SIGNED <u>1/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Jan. 8, 1959</u>	<u>Memorial Park Cem.</u>	<u>Cape Girardeau, Missouri</u>
24. FUNERAL DIRECTOR <u>Walters Funeral Home</u>		ADDRESS <u>Cape Gir. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 12, 1959</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>			

Stom J. added by query of Funeral Director POSSIBLE 2-9-59 del
 USE ONLY BLACK INK OR RIBBON REWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 20 1959

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 *Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.