

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9311

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarcoxie</u>	<u>1490</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Mo 1</u>	

3. NAME OF DECEASED (Type or Print) <u>Margaret Ellen Sagaser</u>			4. DATE OF DEATH <u>3-17-50</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept 26-1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Abel Binney</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Snow</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Sagaser, Sarcoxie Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>38 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal disease.</u> <u>2 yrs.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure.</u>			<u>7428</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 22, 1944 to Mar. 17, 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 1:05 p.m. on the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. E. Kilbane M.D.</u>	23b. ADDRESS <u>Sarcoxie Mo.</u>	23c. DATE SIGNED <u>Mar 18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-28-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-242

Date Filed 4-3-50

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Savoy, Va

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 this body is not embalmed, fact should be so stated above.