

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12056**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **436**

5117

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		d. STREET ADDRESS (If rural, give location) 1702 Highly St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If rural, give location) 1702 Highly St.		
3. NAME OF DECEASED (Type or Print) a. (First) MYRTIE b. (Middle) ANGALINE c. (Last) SEGO			4. DATE OF DEATH (Month) (Day) (Year) 4 6 50		
5. SEX Female/	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 9/26/82	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Denver, Missouri /	
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Alfred B. Asher	13b. MOTHER'S MAIDEN NAME Savannah Georgia Reynolds	14. NAME OF HUSBAND OR WIFE W. M. Seg0, dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Sherlock,	ADDRESS Burlington Jct. MO.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lower ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hours open
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-6 1950 to April 6, 1950 , that I last saw the deceased alive on 4-6, 1950 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Cornelia W. ... M. D. (Degree or title)			23b. ADDRESS Poplar Ridge, St. Joseph, Mo		23c. DATE SIGNED 4-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/10/50	24c. NAME OF CEMETERY OR CREMATORY Miller	24d. LOCATION (City, town, or county) (State) Denver, Missouri		
DATE REC'D BY LOCAL REG. April 11, 1950	REGISTRAR'S SIGNATURE H. G. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.		

NOV 22 1950

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
Student Embalmer

Signed *Robert L. Souter* _____

Licensed Embalmer No. *4782* _____

P. O. Address *Maryville 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 this body is not embalmed, fact should be so stated above.