

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17745

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural - Rolla	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogers 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. W. of Rolla, Hwy. #66		d. STREET ADDRESS (If rural, give location) 1001 West Walnut Street	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD	b. (Middle) ROBERT	c. (Last) SAGER	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 22, 1930	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 24	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rogers, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A. E. Sager	13b. MOTHER'S MAIDEN NAME Alma Pearl Martin	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 431-46-8839	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. E. Sager Rogers, Arkansas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		E892.5
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carbon Monoxide Poisoning Sleeping in closed truck cab while motor running. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			76

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 081	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 Mi. West Hi Way 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla Phelps Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 16, 1950	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Carbon Monoxide gas escaping from defective exhaust connection
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22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased dead on May 16, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) S. E. Nye 3 Coroner Phelps Co.,	23b. ADDRESS Rolla Missouri	23c. DATE SIGNED 5-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Harp Rogers Cemetery	24d. LOCATION (City, town, or county) (State) S. W. of Rogers, Arkansas
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DATE REC'D BY LOCAL REG. 5-17-50	REGISTRAR'S SIGNATURE Nadine L. Stoeckel 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Noll Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

810
3

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 5-24-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.