

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22847

State File No.

FILED AUG 14 1950

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 887

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) 11 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 1920 Lovers Lane: 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			
3. NAME OF DECEASED (Type or Print), a. (First) Anna b. (Middle) Mary c. (Last) Sargent			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-14-1867
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Home work	11. BIRTHPLACE (State or foreign country) Bolckow, Missouri
12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Henry Miller		13b. MOTHER'S MAIDEN NAME Susie Webber	14. NAME OF HUSBAND OR WIFE Louis Edward Sargent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME H.D. Sargent ADDRESS St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 1 wk ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7824	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Aug 1 , 19 <u>50</u> , to Aug 7 , 19 <u>50</u> , that I last saw the deceased alive on Aug 7 , 19 <u>50</u> , and that death occurred at 4:40P m., from the causes and on the date stated above.			
23a. SIGNATURE H. D. Sargent (Degree or title) MO.		23b. ADDRESS 520 Franklin St. Joseph, Mo.	
23c. DATE SIGNED 8 Aug 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/11/50	
24c. NAME OF CEMETERY OR CREMATORY Bolckow		24d. LOCATION (City, town, or county) (State) Bolckow, Mo.	
DATE REC'D BY LOCAL REG. Aug 8, 1950		REGISTRAR'S SIGNATURE K. L. Jenkins 382	
25. FUNERAL DIRECTOR'S SIGNATURE Heston Bowman ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James R. Hawkins

Signed
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Jones

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.