

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 505-5457

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> 072! | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Charles</u> | b. (Middle) <u>John</u> | c. (Last) <u>Sager</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1951</u> |
|--|---------------------------|-------------------------|------------------------|--|

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|-----------------------|----------------------------------|--|--|--|----------------------------------|----------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Aug 24 1869</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|--|----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>1</u> | 11. BIRTHPLACE (State or foreign country) <u>Glandorf, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> |
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| 13a. FATHER'S NAME <u>Ferdinand Sager</u> | 13b. MOTHER'S MAIDEN NAME <u>Thereseia (don't know)</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Anna Sager (dece)</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) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Paul Hubbard</u> | ADDRESS <u>Portageville, Mo</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascul Disease</u> DUE TO (c) <u>Renal Lithiasis, bilateral</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>602X</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) <u>Portageville, New Madrid Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 June, 1949, to June, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

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|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE <u>L. B. Painter Jr. M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Portageville, Mo.</u> | 23c. DATE SIGNED <u>2-14-51</u> |
|---|-------------------|--|------------------------------------|

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|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 13 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 14 1951</u> | REGISTRAR'S SIGNATURE <u>Ellen DeLusk</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DeRuh Funeral Parlor</u> | ADDRESS <u>Portageville, Mo</u> |
|--|--|---|------------------------------------|

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

072
1

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No.

No. No.....

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.....

Herbert J. Cox Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4800*

P. O. Address *Portageville, 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.