

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13245

State File No.

FILED MAY 15 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (In this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>512 N. HANCOCK ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>222 F White Oak</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>Sage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 29, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26, 1925</u>	9. AGE (In years) (Months) (Days) <u>27 yrs</u>	10. HOURS (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Cemetery</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INDET.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hobart Sage</u>	13b. MOTHER'S MAIDEN NAME <u>Quindella Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Sage</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>yes North War</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TOPSEY KEYS</u>	ADDRESS <u>P. 508 E. 12th</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stat wound of chest</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E982 X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SHOCK</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>222 F White Oak Independence Jackson Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/29/52 12:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>[Signature]</u> (Print name or title)	23b. ADDRESS <u>1612 E 12th</u>	23c. DATE SIGNED <u>5/1/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN-CEN.</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-3-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>1415 TRUMAN</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

185
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MAY 7 1952

MAY 7 1952

JUN 18 1952

MAY 12 1952

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 *W. E. Davis* _____

Licensed Embalmer No. 4417 _____

P. O. Address *R. E. No.* _____

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.