

JUL 28 1952

THE DIVISION OF HEALTH OF IOWA
STANDARD CERTIFICATE OF DEATH

State File No. **23712**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **779**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Taylor	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bedford	
c. LENGTH OF STAY (In this place) 3 days		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Sargent			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 22, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. plumber		10b. KIND OF BUSINESS OR INDUSTRY plumbing company	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Sargent		13b. MOTHER'S MAIDEN NAME Barbara Sanner		14. NAME OF HUSBAND OR WIFE	
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth S. Fellows, Bedford, Iowa	

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) arteriosclerosis; heart disease Coronary atherosclerosis ANTECEDENT CAUSES Morbidity 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. Hypertrophy of Prostate		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION 7/21/52		19b. MAJOR FINDINGS OF OPERATION " " 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 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 **7/18/52**, 19**52**, to **7/21/52**, 19**52**, that I last saw the deceased alive on **7-21-52**, 19**52**, and that death occurred at **7:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles Younker, M.D.		23b. ADDRESS Dr. Chas. Younker		23c. DATE SIGNED 7/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/22/1952		24c. NAME OF CEMETERY OR CREMATORY Bedford, Iowa	

DATE REC'D BY LOCAL REG. July 24, 1952		REGISTRAR'S SIGNATURE Carl C. Castner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Neaton - Bowman Funeral Home St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

MISS 8977

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 William Gallis
Licensed Embalmer No. 4535

P. O. Address 3195 10th St Joseph, 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.