

STANDARD CERTIFICATE OF DEATH

State File No. **35031**

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Centralia	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) E. Barnes	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hulen Nursing Home			

3. NAME OF DECEASED (Type or Print) James W. Sageser			4. DATE OF DEATH (Month) (Day) (Year) October 30 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 17, 1865	9. AGE (In years last birthday) 88	10. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) LeRoy, Illinois	

13a. FATHER'S NAME Frederick Sageser	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carrie E. Fuller
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Virgil Vance Centralia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis Rheumatic years		
	DUE TO (c) Arteriosclerosis years		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-52 to 10-30-53, that I last saw the deceased alive on 10-29-53, and that death occurred at 4:32 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>[Signature]</i>	23b. ADDRESS Centralia Mo	23c. DATE SIGNED 10-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Centralia
24d. LOCATION (City, town, or county) (State) Centralia, Missouri	25. GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
DATE REC'D BY LOCAL REG. Oct 31-1953	REGISTRAR'S SIGNATURE Maud McBride	(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.....

Student Embalmer No.

working under my personal supervision.

Signed

Bill J. Newbor

Licensed Embalmer No. 4876

P. O. Address Centralia, Miss

Student
Student Embalmer

- 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.