

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11792**BIRTH **FILED APR 26 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **398**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) JESSE		b. (Middle) S.		c. (Last) SARGENT	
4. DATE OF DEATH (Month) (Day) (Year) April 19 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 23, 1868		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Practiced Medicine		11. BIRTHPLACE (City and State or Foreign Country) Plainview, Minnesota	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Miss Lena Sargent, Springfield, Missouri		ADDRESS			
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) Cardio-vascular		INTERVAL BETWEEN ONSET AND DEATH 1 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Bronchogenic carcinoma		2 yrs	
DUE TO (c) Prostatitis, operative residuals		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162x		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1954 , to Apr 19 , 1954, that I last saw the deceased alive on Apr 19 , 1954, and that death occurred at 1:35P m., from the causes and on the date stated above.					
23a. SIGNATURE Wm H. Sibley		(Degree or title) M.D.		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED 4/21/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1954	
24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		DATE REC'D BY LOCAL REG. 4-21-54	
REGISTRAR'S SIGNATURE Ernest Williams		25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Winkle, Springfield, Mo.			
ADDRESS		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Self

MAY 16 6 1 AM

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.....
Signature of Student Embalmer

Signed.....
Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No.. 4707

P. O. Address.. Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.