FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22831

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5502 Registrar's No. 26

0420 1

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

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BEAR CREEK
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: HENRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BEAR CREEK TWP
d. STREET ADDRESS (If rural, give location): MONTROSE MO. RH 2 0420

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): WALKER
c. (Last): SARGENT

4. DATE OF DEATH (Month) (Day) (Year): JULY 13, 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 21, 1873
9. AGE (In years last birthday): 81 — If under 1 year: Months 4 Days 23 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.P. SARGENT
13b. MOTHER'S MAIDEN NAME: ANN FARMER
14. NAME OF HUSBAND OR WIFE: Mary Sargent

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 / ADDRESS: Berdie Nolds, Montrose, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): Hypertension

II. 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: 331 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1929, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 7:50 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Baggerly MD
23b. ADDRESS: Montrose Mo.
23c. DATE SIGNED: 6-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: July 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: Teays Chapel Cem.
24d. LOCATION (City, town, or county) (State): Montrose, Mo. R.F.D. #2

DATE REC'D BY LOCAL REG.: July-15-54
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. L. Vansant Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1951

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.