

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25399

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 872

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write 'RURAL' and give town) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 49 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		f. STREET ADDRESS (If rural, give location) 208 S. 13th St. D1110	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) B.	
c. (Last) Sargent		4. DATE OF DEATH (Month) (Day) (Year) August 11, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 29, 1872
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) piano tuner		10b. KIND OF BUSINESS OR INDUSTRY Music Business	11. BIRTHPLACE (City and State or Foreign Country) Bolckow, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Madison Sargent	
13b. MOTHER'S MAIDEN NAME Julia Yeck		14. NAME OF HUSBAND OR WIFE Bessie V.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-36-1175	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Sargent, 208 S. 13th St., St. Joseph, Mo.		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) Cerebral Thrombosis due to ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease	
INTERVAL BETWEEN ONSET AND DEATH 7 days		unknown	
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) (Min.)		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 August 2, 1955, to August 11, 1955, that I last saw the deceased alive on August 11, 1955, and that death occurred at 2:05 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Allen Sphiman (Degree or title)		23b. ADDRESS 706 Francis St., St. Joseph, Mo.	
23c. DATE SIGNED 8/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/13/1955	
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 17, 1955		REGISTRAR'S SIGNATURE 485	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Gather M. Allison Neaton		St. Joseph	
(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..

Student.....
Signature of Student Embalmer

Signed... *William Spalding*
Licensed Embalmer No. 45-3

P. O. Address 319 S. 10th St

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.