

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29433

State File No.

FILED OCT 10 1955

BIRTH NO. REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Gasconade.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Canaan Twp.)	c. LENGTH OF STAY (in this place) 4 months	c. CITY OR TOWN Owensville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		e. STREET ADDRESS (If rural, give location) Owensville, Mo. Rural 8375	

3. NAME OF DECEASED (Type or Print) a. (First) Nelson	b. (Middle) Charles	c. (Last) Sagez	4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-27-1915	9. AGE (in years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dent & Body Man	10b. KIND OF BUSINESS OR INDUSTRY Auto Body	11. BIRTHPLACE (City and State or Foreign Country) Mitchell, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Sagez.	13b. MOTHER'S MAIDEN NAME Sarah Mottay	14. NAME OF HUSBAND/OR WIFE Mary Jo Reilly Sagez
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	16. SOCIAL SECURITY NO. 489-01-8129	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Jo Sagez	ADDRESS St. Louis, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis</u> DUE TO (c) <u>008X</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 15, 1955, to Sept 30, 1955, that I last saw the deceased alive on Sept 15, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Keller M.D.</u>	23b. ADDRESS <u>Owensville Mo.</u>	23c. DATE SIGNED <u>10-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>October 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marion Jappinger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Malvind N.H. Winter</u>	ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Licensed Embalmer No.

P. O. Address

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.