

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 20 1956

State File No. **26384**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 238		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Lebanon Rural		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 St Marys Hospital				e. STREET ADDRESS (If rural, give location) Brice Route 0581				
3. NAME OF DECEASED (Type or Print) a. (First) Rhoda Delilah b. (Middle) Sage c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1956					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 10 1887		
9. AGE (In years last birthday) 68		IF OVER 1 YEAR Months 9 Days 1		IF UNDER 28 HRS. Hours 1 Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Preston Day			13b. MOTHER'S MAIDEN NAME Jane Cassey			14. NAME OF HUSBAND OR WIFE C. L. Sage		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME C. L. Sage ADDRESS Brice Pt-Lebanon Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RENAL INFECTION ANTECEDENT CAUSES DUE TO (b) HYPOTENSION, POST-OP. DUE TO (c) EMPHYEMA, " " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF LIVER					INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 5 DAYS ?	
19a. DATE OF OPERATION 7-28-56		19b. MAJOR FINDINGS OF OPERATION EPIDERMOID CA. OF LUNG					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 7-9 1956 , to 8-11 1956 , that I last saw the deceased alive on 8-11 1956 , and that death occurred at 5:36 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS 5038 High St Jefferson City		23c. DATE SIGNED 8-11-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/56		24c. NAME OF CEMETERY OR CREMATORY Balles Cemetery near Lebanon Mo.		24d. LOCATION (City, town, or county) _____ (State) _____		
DATE REC'D BY LOCAL REG. 11 Aug 1956		REGISTRAR'S SIGNATURE R.P. Darrie MS-MR.		25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home Lebanon Mo. ADDRESS _____				

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

68-0

AUG 22 1956

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 *Dorsey M. Howe*.....

Licensed Embalmer No. *422*.....

P. O. Address *Lebanon,*.....

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.