

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13675

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 49

Health, Welfare
Public Service

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TOWNSHIP		c. CITY OR TOWN WEBB CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST REST HOME		d. STREET ADDRESS (If outside, give location) 414 SOUTH HALL	
3. NAME OF DECEASED (Type or print) First KENNETH Middle CECIL Last SAGGERT		4. DATE OF DEATH Month 4 Day 6 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-7-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DECORATOR		100. KIND OF BUSINESS OR INDUSTRY PAINTER	9. AGE (In years last birthday) 51
13. FATHER'S NAME JOSEPH N. SAGGERT		11. BIRTHPLACE (City and state or country) WEBB CITY, MO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME NEVADA PHILLIPS	
17. INFORMANT RAY SAGGERT		Address WEBB CITY, MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcosis (Multiple) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) . . .			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1957 to March 1957 and last saw her alive on 3-27-57 Death occurred at 8:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Georgette M.D.		22b. ADDRESS Webb City, MO	
22c. DATE SIGNED 4-8-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-8-1957	23c. NAME OF CEMETERY OR CREMATORY WEBB CITY, MO CEMETERY	23d. LOCATION (City, town, or county) (State) WEBB CITY, MO
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO		25. DATE RECD. BY LOCAL REG. 4-8-57	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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County File Number 54-4-305
Date Filed APR 15 1957
COURT CLERK'S OFFICE

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 Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Walt City

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.