

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017918

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 128 Primary Registration District No. \_\_\_\_\_ Registrar's No. 499

Health, Welfare Public Service  
300  
1-56  
All  
No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0390  
300  
1-56

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>DOUGLAS</u>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON TOWNSHIP</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                       | c. CITY OR TOWN <u>SEYMOUR</u> <u>0340</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME OF SON</u> Length of stay in lb <u>2 WKS</u>  |                                       | d. STREET ADDRESS (If outside, give location) <u>Route 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |   |
| 3. NAME OF DECEASED (Type or print) <u>ROY PATTERSON SAGERSE</u><br>First Middle Last   |                                       | 4. DATE OF DEATH <u>MAY 11, 1958</u><br>Month Day Year   |   |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u>         | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>August 15, 1886</u><br>9. AGE (In years last birthday) <u>71</u><br>IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>   |                                       | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>   |   |
| 11. BIRTHPLACE (City and state or country) <u>CHRISTIAN CO, MO</u>  |                                       | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13. FATHER'S NAME <u>JAKE SAGERSE</u>   |                                       | 14. MOTHER'S MAIDEN NAME <u>Unknown</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |                                       | 16. SOCIAL SECURITY NO. <u>None</u>  |   |
| 17. INFORMANT <u>Carl Sagerse, Rt 2, Rogersville, Mo.</u><br>Address  |                                       |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ |                                       |  | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>   |
| 19a. ACCIDENT <input type="checkbox"/>  | 19b. SUICIDE <input type="checkbox"/> | 19c. HOMICIDE <input type="checkbox"/>   | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |
| 20a. TIME OF INJURY _____<br>Hour _____ a. m. _____ p. m. _____<br>Month, Day, Year _____   |                                       |  |   |
| 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 <u>4-11-58</u> to <u>5-11-58</u> and last saw <u>him</u> alive on <u>4-30-58</u><br>Death occurred at <u>2:00 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                       |  |   |
| 21a. SIGNATURE <u>[Signature]</u> (Degree or title)   |                                       | 21b. ADDRESS <u>Springfield Mo</u>   | 21c. DATE SIGNED <u>5-17-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>MAY 14, 1958</u>         | 23c. NAME OF CEMETERY OR CREMATORY <u>UNION CHAPEL CEMETERY</u>  | 23d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO, MO</u>   |
| 24. FUNERAL DIRECTOR <u>Lynn Ferrell, Fordland, Mo.</u> ADDRESS _____   |                                       | 25. DATE RECD. BY LOCAL REG. <u>5-16-58</u>  | 26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>  |

(Licensed Embolmer's Statement on Reverse Side)

MAY 28 1958

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 *Don S. Farrell*

Licensed Embalmer No. *487*

P. O. Address *Windsorfield*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (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.