

# STANDARD CERTIFICATE OF DEATH

State File No. ....

LED JUL 6 - 1953

BIRTH NO. ....

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 4213

Registrar's No. 153

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE

d. FULL NAME OF HOSPITAL OR INSTITUTION AT HIS HOME

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MO.

b. COUNTY

HENRY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE

d. STREET ADDRESS (If rural, give location) IN MONTROSE,

## 3. NAME OF DECEASED (Type or Print)

a. (First)

JAMES

b. (Middle)

SILAS

c. (Last)

SARGENT

4. DATE OF DEATH

JULY 1st 1953

## 5. SEX

0

## 6. COLOR OR RACE

MALE

WHITE

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

## 8. DATE OF BIRTH

MARCH 2, 1870

## 9. AGE (In years last birthday)

83 3 29

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

-

## 11. BIRTHPLACE (State or foreign country)

KENTUCKY

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

JAMES P. SARGENT

## 13b. MOTHER'S MAIDEN NAME

ANN TARMER

## 14. NAME OF HUSBAND OR WIFE

MARY E. SNAPP SARGENT

## 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 ADDRESS

Fanner L. Sargent, Montrose, Mo

## 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

## MEDICAL CERTIFICATION

Arteriosclerotic heart disease

## INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## 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

4280

## 20. AUTOPSY?

YES ☐ NO ☒

## 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)

II

## 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Feb, 1953 to 1 July, 1953, that I last saw the deceased alive on 24 June, 1953, and that death occurred at 7-8 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

## 23b. ADDRESS

W. L. Sargent, Montrose, Mo

Appleton City, Mo - July 53

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county) (State)

BURIAL

July 3, 1953

Appleton City Cem

Appleton City, Mo

## DATE REC'D BY LOCAL REG

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

July 3-53

Florence Adams

W. A. Vansant, Clinton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0421

NOV 20 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, by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. J. Fausant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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 this body is not embalmed, fact should be so stated above.