

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 02 1331
STATE FILE NUMBER
2628

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			c. CITY OR TOWN KANSAS CITY		
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			d. STREET ADDRESS 3215 SUMMIT STREET		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES LEE SARGENT			4. DATE OF DEATH Month Day Year JUNE 1 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 27 1891		9. AGE (In years last birthday) 67 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROJECTIONIST		10b. KIND OF BUSINESS OR INDUSTRY MOVIE PICTURE THEATRE	11. BIRTHPLACE (City and state or country) TANLEQUAH, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN SARGENT		13b. MOTHER'S MAIDEN NAME JENNIE S. UNKNOWN		14. NAME OF HUSBAND OR WIFE VIVIAN SARGENT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-05-1047		17. INFORMANT Address Mrs. VIVIAN SARGENT 3215 SUMMIT ST. KANSAS 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) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 33 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 Oct. 8, 1956 to June 1, 1957 and last saw him alive on June 1, 1957 Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Don A. Black			22b. ADDRESS M.D. 924 Professional Bldg.		22c. DATE SIGNED 6/3/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 4 1957	23c. NAME OF CEMETERY OR CREMATORY MR. MORIAN CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS		ADDRESS 1331 BRUSH CREEK BLVD		25. DATE RECD. BY LOCAL REG. 6-4-57	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

00 D 57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Don A. Black

All diseases in Part I must be causally related.



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

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address *Indep, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.