

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 322

Primary Registration District No. 1002

Registrar's No.

28608445

STATE FILE NUMBER

0018445

UNFILED 12 64

VS 300  
Rev. 4/59

16008

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF James E. McCormick

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>2 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3825 NO. GARFIELD</b>		d. STREET ADDRESS (If outside, give location) <b>3825 NO. GARFIELD</b>	
3. NAME OF DECEASED (Type or print) First <b>ALICE</b> Middle <b>SAGE</b> Last 4. DATE OF DEATH Month <b>MAY</b> Day <b>27</b> Year <b>1964</b>		5. SEX <b>FEMALE</b> 6. COLOR OR RACE <b>WHITE</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-26-1886</b> 9. AGE (last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	
11. BIRTHPLACE (City and state or country) <b>SPRINGFIELD, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>BOGANE HILLIARD</b>		13b. MOTHER'S MAIDEN NAME <b>MILLIE ROBINSON</b>	
14. NAME OF HUSBAND OR WIFE <b>LEROI SAGE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>497-12-8583</b>		17. INFORMANT <b>TRELA SCHAMBACH- 3825 NO. GARFIELD</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> DUE TO (b) <b>Hypertensive Cardiovascular disease</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Obesity</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 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 <b>5/21/64</b> to <b>5/27/64</b> and last saw her alive on <b>5-27-64</b> Death occurred at <b>4:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>James E. McCormick MD</b>	
22b. ADDRESS <b>4030 N. Oak MC16170</b>		22c. DATE SIGNED <b>5-28-64</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5-30-1964</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MEMORY GARDENS</b>		23d. LOCATION (City, town, or county) <b>RICHMOND, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>C. H. BLACKMAN &amp; SON, INC. K. C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-28-64</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. McCormick  
4030 N. Oak  
GL 30900 - AFTER 11:30

**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 Hugh B. Baird

Licensed Embalmer No. 4888

P. O. Address Kc. 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.