

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27144

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>1332</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>		c. LENGTH OF STAY (in this place) <u>63 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview,</u>		4 <u>5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>JEFFERSON</u>		c. (Last) <u>SAGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-28-1868</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Wytheville, Va.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>George Sage</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hale</u>			
14. NAME OF HUSBAND OR WIFE <u>Sarah Alice Sage</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jack Hosler</u>				ADDRESS <u>Grandview, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension &amp; Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 1/2 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>20 month</u> <u>5 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>12-15, 1947</u> , to <u>8-15, 1949</u> , that I last saw the deceased alive on <u>8-15, 1949</u> , and that death occurred at <u>12 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. L. West</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>RFD #1 Grandview, Mo.</u>		23c. DATE SIGNED <u>8-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bryant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cass Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/18/49</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie E. Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. Seager &amp; Sons</u>		ADDRESS <u>Grandview, Mo.</u>			

AUG 23 RECD

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 .....  
Student Embalmer

Signed Richard E. Leary

Licensed Embalmer No. 3958

P. O. Address Bellaire, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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