

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42195

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 433

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone Terre</u>	c. LENGTH OF STAY (In this place) <u>35 min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u> <u>94</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 m</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lillian</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Sago</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 18, 1925</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day Hour Min. <u>24 10 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Leadwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Brewer</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Jim Sago Flat River, Mo.</u>
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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'S SIGNATURE OR NAME ADDRESS <u>Graville Brewer Flat River, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-partum Hemorrhage</u>		<u>45 mins.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhagic Diathesis</u> DUE TO (c)		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>windown/physically</u>			<u>672</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Flat River, St. Francois, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dec. 7, 1949 Dec. 7, 1949</u>
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22. I hereby certify that I attended the deceased from 7:30 P.M., 1949 to 11:30 P.M., 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 1200 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Theodore Paul D.O.</u>	23b. ADDRESS <u>Flat River, Mo.</u>	23c. DATE SIGNED <u>12/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-12-49

Office No. 4

1249-1620

Date filed

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.