

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20787

State File No.

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3055 Registrar's No. 55

0542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY. (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> <u>0542</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>2204 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2204 Madison</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>SARGIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1950</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>July 14, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>27</u>	Hours	Min.
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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 <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Huron, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Solomon Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rudeyard</u>	14. NAME OF HUSBAND OR WIFE <u>Warda Sargis</u>
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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>Warda Sargis, Lexington, Mo.</u>	ADDRESS
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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, asthenia, 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>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity 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.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1976 1950 to 11 June, 1950, that I last saw the deceased alive on 6 June, 1950, and that death occurred at 12:00 AM on 11 June the causes and on the date stated above.

23a. SIGNATURE <u>Ward Sargis MD</u>	(Degree or title)	23b. ADDRESS <u>Lexington, Mo</u>	23c. DATE SIGNED <u>6/12/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>	REGISTRAR'S SIGNATURE <u>M. Moore & Co. Registrar</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Tempel</u>	ADDRESS <u>Lexington, Mo.</u>
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Ward
7.13.50
RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-13-50

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 Geo. M. Keane

Licensed Embalmer No. 2983

P. O. Address Langston, 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.