

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **6743**
Registrar's No. **1633**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tulsa	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		d. STREET ADDRESS (If rural, give location) 122 North Maybelle	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Sidney c. (Last) Sage			4. DATE OF DEATH (Month) (Day) (Year) 2-18-52		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-1-1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroader		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (State or foreign country) Potweow, Oklahoma	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Sidney Sage		13b. MOTHER'S MAIDEN NAME Carrie French		14. NAME OF HUSBAND OR WIFE Myrtle Anna Sage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-03-4948		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Anna Sage, Tulsa, Okla.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma bronchogenic metastasizing to side of neck		INTERVAL BETWEEN ONSET AND DEATH Oct 1950 Feb 1952
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Terminal pneumonia DUE TO (c) Abdominal aneurysm		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Jan 1951	19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma right side neck		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 162X	

22. I hereby certify that I attended the deceased from **6 Jan**, 1951, to **18 Feb**, 1952, that I last saw the deceased alive on **18 Feb**, 1952, and that death occurred at **10:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) General W. H. Hill M.D.		23b. ADDRESS 4966 Locust		23c. DATE SIGNED 18 Feb 52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-18-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma	

DATE REC'D BY LOCAL REG. FEB 20 1952	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coulter Funeral Home, Tulsa, Okla.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 1952

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 _____

Donald Yalunke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.

88-0000