

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42498**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **332**

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

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Salt Spring Rural-Township		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital			e. STREET ADDRESS (If rural, give location) South of Huntsville		
3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) R. c. (Last) Sage			4. DATE OF DEATH (Month) (Day) (Year) December 19 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 29, 1884		9. AGE (In years last birthday) 71 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Edward W. Sage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward W. Sage: R.#2: Huntsville, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus</p> <p>ANTECEDENT CAUSES</p> <p><i>*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></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Surgical repair strangulated incisional hernia, with intestinal obstruction.</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			INTERVAL BETWEEN ONSET AND DEATH one day		
			4 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5613			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from DEC. 14, 56 , 19 56 , to DEC. 19, 56 , 19 56 , that I last saw the deceased alive on DEC. 19, 56 , 19 56 , and that death occurred at 8:10 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) G. Noel Rains D.O.			23b. ADDRESS Clifton Hill, Mo.		23c. DATE SIGNED 12-20, 56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-22-1956	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill Cemetery	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri	
DATE REC'D BY LOCAL REG. 12-22-56		REGISTRAR'S SIGNATURE Charles...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville	

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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 *Tom B. Patton*.....

Licensed Embalmer No. *3914*

P. O. Address *Huntersville*

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.