U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022544
State File No.

FILED JUL 8 1958

BIRTH NO. — REG. DIST. NO. 195 PRIMARY REG. DIST. NO. — Registrar's No. 65-58

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodman
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodman
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Garfield
c. (Last): Sage

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1879
9. AGE (In years last birthday): 78 — If under 1 year: Months: 6 Days: 1 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Gardner
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Sage
13b. MOTHER'S MAIDEN NAME: Martha Lewis
14. NAME OF HUSBAND OR WIFE: Grace Eleanor Sage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-40-5824
17. INFORMANT'S SIGNATURE OR NAME: Grace E. Sage
ADDRESS: Goodman, Missouri.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemmorhage
DUE TO (c) Coroner called at Scene

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
331 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* D.O.A., 19____, *to* _____, 19____, *that I last saw the deceased alive on* 6-30, 1958, *and that death occurred at* 5:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin McCullough D.O. 2
23b. ADDRESS: Jeosha Mo
23c. DATE SIGNED: 7/1/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/3/58
24c. NAME OF CEMETERY OR CREMATORY: Howard Cemetery
24d. LOCATION (City, town, or county) (State): Goodman, Missouri

DATE REC'D BY LOCAL REG.: July 2, 1958
REGISTRAR'S SIGNATURE: Mary A. Bradley
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Funeral Home
ADDRESS: Anderson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....
Student Embalmer

Signed Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, 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.