

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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FILED VS DEC 28 1959

Registration District No. 23 Primary Registration District No. 4036 Registrar's No. 6 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b 5 years		c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 908 East Park			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 908 East Park			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHESTER Middle LEE Last SAGERTY				4. DATE OF DEATH Month December Day 10 Year 1959			
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-9-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Peter Sidles Sagerty			13b. MOTHER'S MAIDEN NAME Mary Frances Whittaker			14. NAME OF HUSBAND OR WIFE -----	
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 Alice G. Sagerty, 119 W. Sycamore Nevada, Missouri			
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Squamous-Cell Carcinoma of Larynx, Lip, Tongue & Larynx DUE TO (c) -----							INTERVAL BETWEEN ONSET AND DEATH 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:15 P. Month, Day, Year 1959							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1954 to Dec 10 1959 and last saw her him alive on Dec. 8 - 1959 Death occurred at 3:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thomas F. Boyd D.O.				22b. ADDRESS Rich Hill, Mo.		22c. DATE SIGNED 12-17-59	
23a. BURIAL (CREMATION, REMOVAL (Specify)) Burial		23b. DATE 1959	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		23d. LOCATION (City, town, or county) Nevada Missouri		(State)
24. FUNERAL DIRECTOR Ferry Funeral Home			ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 12/24/59	26. REGISTRAR'S SIGNATURE Edna Douglass by Ruby Jarvik, rep.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James Douglas Griswald, Student Embalmer No. 595

working under my personal supervision.

Student Douglas Griswald
Signature of Student Embalmer

Signed L. Douglas Terry

Licensed Embalmer No. 4960

P. O. Address Nevada

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.