

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035447

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2782

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Breckenridge</b>		c. CITY OR TOWN <b>Breckenridge</b>	
Length of stay-in 1b <b>3 wks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3232 Coles</b>		d. STREET ADDRESS (If outside, give location) <b>3232 Coles</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>SARGENT</b> Last			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>30</b> Year <b>1961</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/3/1899</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>		11. BIRTHPLACE (City and state or country) <b>Belle Center Ohio</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>					

13a. FATHER'S NAME <b>Alfred Sargent</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Wyright</b>	14. NAME OF HUSBAND OR WIFE <b>Nin Mae Sargent</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs Nina Sargent 3232 Coles</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MULTIPE MYELOMA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 MO.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>BRONCHO PNEUMONIA</b>		
DUE TO (c)		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.			

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
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21. I attended the deceased from April 1961 to Sept 30 1961 and last saw him alive on SEPT. 9 1961  
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Darrel Miller M.D.</b>	22b. ADDRESS <b>216 So. Kingshighway</b>	22c. DATE SIGNED <b>9-30-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wisc.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Arthur C Baue Inc. St Charles Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-2-61</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DATE AMENDED

INSTEAD OF DOCUMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 25 1962

**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 Jerry A Davis

Licensed Embalmer No. 5139

P. O. Address W' Hallam W

**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.