

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016872

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 23

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAY 6 1963</b>		1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARIS</u>		Length of stay in 1b <u>30YRS</u>		c. CITY OR TOWN <u>PARIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. LOCUST STREET</u>		Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>E. LOCUST STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>BERTHA EDNA SAGER</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>30</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/6/1887</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WORKER IN PRODUCE CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HENDERSON PRODUCE PLANT</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>IKE TODD</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE E. HOUGHTON</u>	
14. NAME OF HUSBAND OR WIFE <u>LLOYD SAGER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NELLIE M. BARROW - PARIS, Mo.</u>	
17. INFORMANT <u>RMI</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> DUE TO (b) <u>Hypertensive heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above: cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>4 yrs.</u>	
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 _____ 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 _____
21. I attended the deceased from <u>10-23-69</u> to <u>4-30-63</u> and last saw her <sup>him</sup> alive on <u>4-28-63</u> Death occurred at <u>7:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. G. Barnett, M.D.</u> (Degree or title)			22b. ADDRESS <u>Paris, Mo.</u>		22c. DATE SIGNED <u>4/30/1963</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 3, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>PARIS, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>E. H. AGNEW -</u>		ADDRESS <u>PARIS, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-1-63</u>	26. REGISTRAR'S SIGNATURE <u>J. G. Barnett, M.D.</u>

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1963

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 Robert E. Wood

Licensed Embalmer No. 5205

P. O. Address Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Robert E. Wood

5205

Paris, Mo.