

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25816

State File No.

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 88

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Stanleytown Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Ins.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BASS SAYYALL
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Corrae 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 13. 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Stanleytown Mo. (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Corrae
13. Birthplace Kantucky (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Corrae

(b) Address Stanleytown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (Month) (Day) (Year)

(c) Place: burial or cremation Stanleytown Mo.

18. (a) Signature of funeral director R. B. Jumper

(b) Address Pulaski

19. (a) 7-14-1943 (Date received local registrar) (b) William B. Sayall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pulaski
(c) City or town Stanleytown Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Liberty Ins. (If rural, give location)
(e) Citizen of foreign country? Life (Yes or No)
If yes, name country Life

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 15 1941 to July 3 1943 that I last saw him alive on July 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Distended of mitral valve Duration

Due to Chronic affection of the valves of the heart and endocardium
Due to drum

Other conditions (Include pregnancy within 3 months of death) 92 f

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury Y

23. Signature R. O. Sewitt (M. D. or other) DO
Address Waynesville Date signed 7-13-43

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

RECEIVED

Pulaski County Health Officer

File Number 1-43-81

Date Filed 7-15-43

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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P.O. Address

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.