

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 14 1949

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> b. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) <u>Cantharville</u> c. LENGTH OF STAY (in this place) <u>20 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 E 6th St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u> c. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) <u>Cantharville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>311 E 6th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DUG</u> b. (Middle) _____ c. (Last) <u>SAWYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28 - 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 28 - 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dyer County Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Sawyer</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Jones</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Morgan Sawyer</u>		18. ADDRESS <u>Cantharville, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Asthma</u> DUE TO (c) <u>Chronic Cystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Cain M.D.</u> (Degree or title)		23b. ADDRESS <u>Cantharville, Mo.</u>	
23c. DATE SIGNED <u>3/29/49</u>		24a. LOCATION (City, town, or county) (State) <u>Cantharville, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 30 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holly Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cantharville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Nicks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Deace</u>		ADDRESS <u>Cantharville, Mo.</u>	

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

4-49-96

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 *Noel C. Deau*

Licensed Embalmer No. *3941*

P. O. Address. *Caruthersville, 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.