S. No. 300
10.48

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14526

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SWEET SPRINGS
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 So. Locust

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SWEET SPRINGS
d. STREET ADDRESS (If rural, give location): 400 S. LOUCEST

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): JAMES CLYDE SAYLOR

4. DATE OF DEATH (Month) (Day) (Year): APRIL 10, 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: Oct. 23 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER
10b. KIND OF BUSINESS OR INDUSTRY: GOSPEL
11. BIRTHPLACE (State or foreign country): ALDRIDGE Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY H. SAYLOR
13b. MOTHER'S MAIDEN NAME: MARGRET RICE
14. NAME OF HUSBAND OR WIFE: Birdie Shackelford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Emma Shackelford Sweet Springs Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Due hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Valvular
DUE TO (c): and hypertensive heart disease — 20-30 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 443X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct, 1948, *to* 4/10, 1949, *that I last saw the deceased alive on* 4/10, 1949, *and that death occurred at* 11:P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Parsons, M.D.
23b. ADDRESS: Sweet Springs
23c. DATE SIGNED: 4/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 13 49
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW Cemetery
24d. LOCATION (City, town, or county) (State): SWEET SPRINGS

DATE REC'D BY LOCAL REG.: 4/12/49
REGISTRAR'S SIGNATURE: Dolly Andrews 293
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R. Carter - Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-21-49

JUN 15 1949

MAY 14 1949

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 [signature]

Licensed Embalmer No. 3513

P. O. Address [illegible]

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.