

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1687

State File No. _____

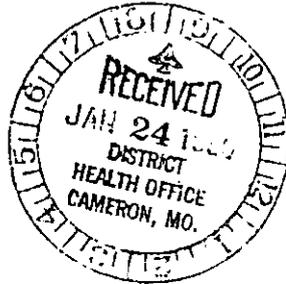
FILED JAN 30 1950

BIRTH NO. _____		REG. DIST. NO. <u>184</u>	PRIMARY REG. DIST. NO. <u>3038</u>	Registrar's No. <u>251</u>
1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CHARITON</u>		
b. CITY OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brunswick Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) _____ c. (Last) <u>SAYLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1950</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Sept. 25, 1876</u>	9. AGE (years last birthday) <u>73</u> If under 1 year: Months <u>3</u> Days <u>19</u> If under 4 hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Brunswick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John E. Foggin</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Morton</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Switzer</u> ADDRESS <u>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>Acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs.</u> <u>10 yrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			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) <u>331X</u>		
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 <u>12/26</u> , 19 <u>49</u> , to <u>1/13</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>50</u> , and that death occurred at <u>7:15 AM</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>W. B. Simpson</u> (Degree or title)		23b. ADDRESS <u>D.O. 2 Brookfield Mo</u>		23c. DATE SIGNED <u>1/14/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/15/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER</u>	24d. LOCATION (City, town, or county) (State) <u>Near Mendon, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/14/50</u>	REGISTRAR'S SIGNATURE <u>W. B. Erwin</u> 167	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Heipart</u> ADDRESS <u>Mendon Mo</u>		

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

FEB 1 1950

APR 20 1950



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

A. L. Keppard

Licensed Embalmer No.

3979

P. O. Address

Mendon 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.