

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9468

State File No.

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Lafayette "Clay"</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove / Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>6 mi South East</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi South East</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u>	b. (Middle) <u>Saylor</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 - 50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 20 - 1884</u>	9. AGE (In years last birthday) <u>65</u> - If UNDER 1 YEAR Months <u>11</u> Days <u>19</u> - If UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oak Grove Mo (Rural)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abram</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Johnson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Saylor</u>	ADDRESS <u>Oak Grove Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral hemorrhage</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Asford conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT + SUICIDE + HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Oak Grove Lafayette Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell down stairs striking head</u>
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22. I hereby certify that I attended the deceased from Jan. 1924 1924 to Jan. 8, 1950, that I last saw the deceased alive on Jan. 8, 1950, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. ...</u>	(Degree or title)	23b. ADDRESS <u>Oak Grove Mo</u>	23c. DATE SIGNED <u>1-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 10 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bates City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 10, 1950</u>	REGISTRAR'S SIGNATURE <u>Letta Drummond</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. G. B. ... & Son</u>	ADDRESS <u>Oak Grove Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540

RECEIVED

District Health Officer No. .

District File Number.....

Date Filed 3-20-50

MAR 21 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 R. Blunt

Licensed Embalmer No. 235-3

P. O. Address Blue Springs 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.