S. No. 300
v. 10.48

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9942

BIRTH NO. _____ REG. DIST. NO. 2922 PRIMARY REG. DIST. NO. 5999 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Center, Missouri
c. LENGTH OF STAY (In this place): all his life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cater, Missouri 0870
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Sayre

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1895
9. AGE (In years last birthday): 55 — If under 1 year: Months 11, Days 25 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Francis Alvin Sayre
13b. MOTHER'S MAIDEN NAME: Idona Brashears
14. NAME OF HUSBAND OR WIFE: Lola Omer Sayre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Lola Sayre, Center, Missouri

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) Cardiac Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 3 to 4 yrs
DUE TO (c) unknown — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sugar Diabetes — 3 to 4 yrs

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): Center, Ralls, Mo
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* Dec. 17, 1947, *to* Mar. 25, 1950, *that I last saw the deceased alive on* Mar. 25, 1950, *and that death occurred at* 11 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. C. H. Brooks
(Degree or title): O.D.
23b. ADDRESS: Center, Missouri
23c. DATE SIGNED: Mar. 31, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/1950
24c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Center, Missouri

DATE REC'D BY LOCAL REG.: 3/28/50
REGISTRAR'S SIGNATURE: Clyde Wilsey
267
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde Wilsey, Center, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

0870

RECEIVED APR 10 1
District Health Officer
District File Number 4-50-
Date Filed APR 10 19

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clyde Wilkey

Signed.....
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry Ind.

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.