

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5277

0580
4

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

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 3686 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>	c. LENGTH OF STAY (In this place) <u>1 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sumpshays</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Co. Rest Home</u>		d. STREET ADDRESS <u>1</u>	
3. NAME OF DECEASED a. (First) <u>WALLACE</u> b. (Middle) <u>C</u> c. (Last) <u>SAYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-28-1870</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, was (retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, was (retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Asford Sayer</u>		13b. MOTHER'S MAIDEN NAME <u>Leann Athini</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Kate Sayer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Sayer Sumpshays 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage Angioly.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 da.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis.</u> <u>10 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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>Dec 9, 1950</u> , to <u>Feb 4, 1951</u> , that I last saw the deceased alive on <u>Feb 1, 1951</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy R. Haley</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>Feb 15, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumpshays Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sumpshays Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 17, 51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Lucie Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u> ADDRESS <u>Salt Mo</u>	

Date Received: FEB 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-42
Date Filed: FEB 20 1951

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.