

STANDARD CERTIFICATE OF DEATH

State File No. **41359**

FILED JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Chumby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township) <u>Iron</u>		c. LENGTH OF STAY (in this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Iron</u>		d. STREET ADDRESS (If rural, give location) <u>R. 70#3 Trenton Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-70#3</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>JAMES ALBERT SAYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 5, 1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTH <u>8</u>		11. DAY <u>12</u>		12. HOURS <u>12</u>	
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 <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Hancock County Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM SAYER</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA HEARE</u>		14. NAME OF HUSBAND OR WIFE <u>Anna MULLIGAN SAYER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Sayer RFD 3 Trenton 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>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>admission 12-15-51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. E. Eason</u>				23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>12-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woods</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/17/51</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Blackman</u>		ADDRESS <u>Trenton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Gordon Bliskner*

Licensed Embalmer No. 4602

P. O. Address *Greentown*

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.