

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2704

State File No. _____
Registrar's No. 354

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6035</u>		State File No. _____		Registrar's No. <u>354</u>		
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>						
b. CITY OR TOWN <u>Rural Jordan Twp.</u>		c. LENGTH OF STAY (in this place) <u>15 years.</u>		c. CITY OR TOWN <u>Rural.</u>		d. STREET ADDRESS (If rural, give location) <u>9 Miles North of Doniphan, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 Miles North of Doniphan, Mo.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1953.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Sidney</u>		c. (Last) <u>Sawyer.</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>Sept. 23, 1877.</u>		9. AGE (In years last birthday) <u>75.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Charles P. Sawyer.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Raymond.</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Sawyer.</u>				
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 ADDRESS <u>Petta Thompson, St. Louis, 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>Chronic Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Influenza.</u> DUE TO (b) _____ 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		
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>481X</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Jan 1-20, 1953</u> , to _____, 19____, that I last saw the deceased alive on <u>1-20, 1953</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Edouard A. Hansen M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>				23c. DATE SIGNED <u>1-22-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		REGISTRAR'S SIGNATURE <u>C. R. H. meta</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Measel</u>		ADDRESS <u>Doniphan, Mo.</u>				

(Licensed Embellisher's Statement on Reverse Side)

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

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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.

This body was not embalmed.

Student
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.

St. Louis, Mo. 1904