

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8631**

LED MAR 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>140</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> <u>0013</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1 Wabash St</u>		d. STREET ADDRESS (If rural, give location) <u>#1 Wabash St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Logan</u> b. (Middle) <u>J</u> c. (Last) <u>Sawyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 5 1953</u>		
5. SEX <u>Male</u> 2. COLOR <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar 4 1873</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		9. AGE (In years last birthday) <u>80</u>
11. BIRTHPLACE (State or foreign country) <u>Memphis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joseph Sawyer</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>X</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 <u>Mrs. Dury Thomas Ottumwa Ia</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC ARREST</u> ANTECEDENT CAUSES DUE TO (b) <u>Potassium Intoxication</u> DUE TO (c) <u>UREMIA of Chronic Glomerulonephritis - Secondary to Obstructive Prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive Prostatic hypertrophy</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>		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) (Min.)		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>2-26</u> , 1953, to <u>3-5</u> , 1953, that I last saw the deceased alive on <u>3-5</u> , 1953, and that death occurred at <u>10: P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>David W. Boone M.D.</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>3-6-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest</u>
24d. LOCATION (City, town, or county) <u>Kirksville Mo</u>		24e. (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-7-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Lambert</u> ADDRESS

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Bandall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Filtsville, 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.