

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13136

State File No.

FILED MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 152

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>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyaconda Missouri 1230</u>	
c. LENGTH OF STAY (in this place) <u>9 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garland</u> b. (Middle) <u>Suter</u> c. (Last) <u>Sawyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 11 1953</u>		
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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>Oct. 28, 1889</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Mdse.</u>	11. BIRTHPLACE (State or foreign country) <u>Calrk County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>B. F. Sawyer</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Nettie Sawyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Sawyer</u> ADDRESS <u>Wyaconda, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Necrotizing pancreatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 month</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Acute suppurative pancreatitis</u> " "		
	DUE TO (c) <u>Hepatitis, cholecystitis, etc</u> " "		
II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Peritonitis 585X</u>			

19a. DATE OF OPERATION <u>12-16-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystectomy, choledochostomy appendectomy, adhesionectomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-13-52, to 2-11-53, 1953, that I last saw the deceased alive on 2-11-53, 1953, and that death occurred at 7-30Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Lambert</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>4-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wyaconda Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-28-53</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerth & Baska</u> ADDRESS <u>Wyaconda, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8013
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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.

Student _____
Student Embalmer

Signed Geo. W. Baskett

Licensed Embalmer No. 1817

P. O. Address Wyaconda, 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.