

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29258**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>437 Elm St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>437 Elm St.</b>		d. STREET ADDRESS (If rural, give location) <b>437 Elm St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Sawyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 30, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Mar. 17, 1878</b>
9. AGE (In years last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Private Secretary (Ret.)</b>	11. BIRTHPLACE (State or foreign country) <b>Chillicothe, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Washington L. Sawyer</b>	13b. MOTHER'S MAIDEN NAME <b>Nannie A. Owen</b>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Faye Sawyer, Chillicothe, Mo.</b> ADDRESS _____	
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) <b>Amyotrophic Lateral Sclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>Dehydration resulting from bulbar paralysis</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>3561</b>		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 <b>July 1, 1953</b> , to <b>Aug 29, 1953</b> , that I last saw the deceased alive on <b>Aug 29, 1953</b> , and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>William L. Fair</b>		23b. ADDRESS <b>M. D. Chillicothe, Mo.</b>	
23c. DATE SIGNED <b>Aug 31, 1953</b>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 1, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug-31-53</b>	REGISTRAR'S SIGNATURE <b>Frances B Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Donald Jordan</b> ADDRESS <b>Chillicothe, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1953

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 Donald Golden

Licensed Embalmer No. 4191

P. O. Address Wilmington, Md.

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.