

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 35337

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 1062 Registrar's No. 4828

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY CLAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH | c. LENGTH OF STAY (in this place) 30 YEARS | c. CITY OR TOWN KANSAS CITY NORTH | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 107 EAST ENGLEWOOD ROAD | | e. STREET ADDRESS (If rural, give location) 107 EAST ENGLEWOOD ROAD | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) NORMAN b. (Middle) GRAVES c. (Last) SAYLOR | | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 6 1953 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH SEPT. 22 1895 |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER | | 10b. KIND OF BUSINESS OR INDUSTRY CIGAR STORE ST. LOUIS MISSOURI | |
| 11. BIRTHPLACE (City and State or Foreign Country) U. S. A. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |

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| 13a. FATHER'S NAME HORATIO N. SAYLOR | 13b. MOTHER'S MAIDEN NAME SARAH GRAVES | 14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH SAYLOR |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME MRS. ELIZABETH SAYLOR |

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|---|---|-------------|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 15th | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" 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 **10.6.53** to **10.6.1953**, that I last saw the deceased alive on **10.6.1953**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. J. Wilson M.D. | (Degree or title) | 23b. ADDRESS 411 Nichols Rd. K.C. Mo | 23c. DATE SIGNED 10.7.53 |
|--|-------------------|--|------------------------------------|

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|---|---|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | 24b. DATE 10-9-53 | 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| DATE REC'D BY LOCAL REG. 10-7-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons | |

ADDRESS
1331 BRUSH CREEK KANSAS CITY, MO.

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..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.