

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8109**

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town or township) Jefferson City		c. LENGTH OF STAY (in this place) 22 yrs.	c. CITY OR TOWN Jefferson City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 925 Madison		0260	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Leslie c. (Last) Sawyer			4. DATE OF DEATH (Month) (Day) (Year) Mar. 15-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3-1906	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 15 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Sundries	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank S. Sawyer	13b. MOTHER'S MAIDEN NAME Georgia Holman	14. NAME OF HUSBAND OR WIFE Rosalyn Sawyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for unknown) (If yes, give year of dates of service) Yes World II	16. SOCIAL SECURITY NO. World II	17. INFORMANT'S SIGNATURE OR NAME Rosalyn Sawyer ADDRESS J.C. Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) 330X
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 **3-9**, 19**54**, to **3-15**, 19**54**, that I last saw the deceased alive on **3-15**, 19**54** and that death occurred at **6:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Bruce MD (Degree or title)	23b. ADDRESS 234 Madison Jefferson City, Mo.	23c. DATE SIGNED 3-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17-1954	24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson City - Mo.		

DATE REC'D BY LOCAL REG. Mar 16-54	REGISTRAR'S SIGNATURE R. P. Darrin MD-7R	25. FUNERAL DIRECTOR'S SIGNATURE Emmanuel S. S. S. J.C. Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 1954

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 .....

Licensed Embalmer No. 36.....

P. O. Address

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.