S. No. 300
. 10-48

0840

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9672

State File No.

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5975 Registrar's No. 21

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

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" McKinley Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" McKinley Twp. 0842
d. STREET ADDRESS (If rural, give location): R.F.D. Polk

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Catherine c. (Last) Sawyer

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 29, 1877
9. AGE (In years last birthday): 76 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Polk County, Mo. U
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Jump
13b. MOTHER'S MAIDEN NAME: Sarah Jane Zumwalt
14. NAME OF HUSBAND OR WIFE: Fount Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John W. Tirey — ADDRESS: Bolivar, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure Decompensated Cor-Pulmonale

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Pulmonary Emphysema
DUE TO (c) Chronic Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 241 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* March 16, 1954, *that I last saw the deceased alive on* March 16, 1954, *and that death occurred at* 6:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Cumbrun D.D.
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: 3-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: Payne Cemetery
24d. LOCATION (City, town, or county) (State): Polk County, Mo.

DATE REC'D BY LOCAL REG.: 3-18, 1954
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 258-0
25. FUNERAL DIRECTOR'S SIGNATURE: Turpin Funeral Home — ADDRESS: Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1964

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 .....

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.