

FILED JUL 12 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 19147

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2812</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>Johnson</u>		b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Westport Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>6423 W. 72nd Terr.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Sawyer</u>	
4. DATE OF DEATH (Month) (Day) (Year)		June		21		1954	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 8, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u>		IF UNDER 1 YEAR Hours <u>---</u> Min. <u>---</u>		IF UNDER 1 YEAR Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Sawyer</u>		13b. MOTHER'S MAIDEN NAME <u>Sennie Bowers</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.M. Sawyer - Overland Park - Kansas</u>		ADDRESS <u>---</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last.</u>				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) <u>Partial Atrial Scuralized Arterio Sclerosis</u>		DUE TO (c) <u>Partial Atrial Scuralized Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>44 hr</u>	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>7-28</u> , 19 <u>54</u> to <u>6-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. W. Bradford</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>7209 N 80 Overland Park</u>		23c. DATE SIGNED <u>6-22-54</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>June 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waldron Cemetery - Westboro, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>Gerardine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell &amp; Lewis, Marshall Mo</u> ADDRESS <u>---</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 19 1954

JUL 14 1955

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*J. Royce Hogg*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3579*

P. O. Address *Overland Park, KS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.