

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21843**

FILED JUL 6 1954  
BIRTH NO. **77460-53** REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **4521** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Houston</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Houston, Mo.</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>10900</b>			
3. NAME OF DECEASED a. (First) <b>BOBBY</b> (Type or Print)			b. (Middle) <b>JOE</b>	c. (Last) <b>SAWYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1954</b>	
5. SEX <b>M</b>	6. COLOR OR FACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Nov. 3, 1953</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Springfield, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Johnny C. Sawyer</b>	13b. MOTHER'S MAIDEN NAME <b>Leona Mae Smith</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Leona Sawyer</b>		
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* <b>Acute Cardiac Respiratory Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia bilaterally &amp; malnutrition.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mongolian Idiot, a marked retardation in bodily development.</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>492 X</b>			20. AUTOPSY? YES <input 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) (Min.)		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>June 15, 1954</b> , to <b>June 30, 1954</b> , that I last saw the deceased alive on <b>June 30, 1954</b> , and that death occurred at <b>7:25 A.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>D. J. Burns, M.D.</b>			23b. ADDRESS <b>Houston, Mo.</b>		23c. DATE SIGNED <b>7/2/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ignore</b>		24d. LOCATION (City, town, or county) (State) <b>Texas Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-2-54</b>		REGISTRAR'S SIGNATURE <b>Milvite Craig</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Elliott Funeral Home</b>		
				ADDRESS <b>Houston</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank C. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.