

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7340

State File No. ....

No. 300  
10.48

FILED APR 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u> <u>0742</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>620 North Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>KIRKER</u>	c. (Last) <u>SAWYERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 1 1955</u>
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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>10/16/68</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant - retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	11. BIRTHPLACE (State or foreign country) <u>Woodsfield, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Orr Sawyers</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Kirker</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Crim Sawyers, dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry L. Sawyers, St. Joseph, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old coronary artery disease</u> yrs. DUE TO (c) <u>Gen. Cardiovascular senescence</u> yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral accident</u> <u>Urinary tract sepsis and shock</u> yrs.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-12-1955 to April 1, 1955, that I last saw the deceased alive on 3-31-1955, and that death occurred at 7:35A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Kieber</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>4-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 5, 1955</u>	REGISTRAR'S SIGNATURE <u>Garner M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>
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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 .....  
Student Embalmer

Signed

*John W. Price*

Licensed Embalmer No.

*4281*

P. O. Address

*Maryville 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.