No. 300
10-48

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25561

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5892 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tecumseh
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ozark
c. CITY OR TOWN Tecumseh
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Dawt Twp. rural - Ozark County. 077 0

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Paul c. (Last) Sawyer

4. DATE OF DEATH (Month) (Day) (Year) 7-12-57

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-23-1890
9. AGE (In years last birthday) 67 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) Retired - Eletrician
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (City and State or Foreign Country) Mollino, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Martha E. Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) U.S. Navy
16. SOCIAL SECURITY NO. 486-07-0030
17. INFORMANT'S SIGNATURE OR NAME Mable Stewart - ADDRESS Denby, Kansas

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) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Found in house had

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. been dead appr. 16-18 hours

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 3:00 a m., from the causes and on the date stated above.*

23a. SIGNATURE John R. Elsey (Degree or title) Coroner
23b. ADDRESS Gainesville Mo.
23c. DATE SIGNED 7-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-15-57
24c. NAME OF CEMETERY OR CREMATORY Moran
24d. LOCATION (City, town, or county) (State) Moran, Kansas

DATE REC'D BY LOCAL REG. 7-15-57
REGISTRAR'S SIGNATURE Thana Mahan
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard - ADDRESS Gainesville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

461
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OCT 30 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Elsey.....

Licensed Embalmer No. 488

P. O. Address Gainesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.