

FILED AUG 30 1957

STANDARD CERTIFICATE OF DEATH

570 27634
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 511

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			Length of stay in 1b		d. STREET ADDRESS 343 South B. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Harry Harvey Sayles				4. DATE OF DEATH Month Day Year Aug. 8, 1957					
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 2, 1879		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min. 5 6	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bldg. Foreman on R.R.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Milton Sayles				14. MOTHER'S MAIDEN NAME Laura Waldo					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-07-8445		17. INFORMANT Address Mrs. H. Sayles, Poplar Bluff, Mo.					
18. CAUSE OF DEATH [Enter only one cause unless for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>General arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Chronic bronchitis</i>							INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>8-6-57</i> to <i>8-7-57</i> and last saw her <u>alive</u> on <i>8-7-57</i> Death occurred at <i>12:03 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Harold O. Erickson MD</i>				22b. ADDRESS <i>Poplar Bluff, Mo</i>			22c. DATE SIGNED <i>8-9-57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
Burial		8-9-57	Cool Springs Cem.		Taskee, Mo.				
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.			25. DATE RECD. BY LOCAL REG. <i>8/9/57</i>		26. REGISTRAR'S SIGNATURE <i>B. H. Dunette</i>				

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Service

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RECEIVED

AUG 26 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

AUG 30 1957

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 _____
Signature of Student Embalmer

Signed Grover W. Free

Licensed Embalmer No. 24

P. O. Address Poplar

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