Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017733
STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Presnell Hospital — Length of stay in 1b: 1day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Bragg City 0780 10 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Box 64 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Carl Middle: Chester Last: Sayles

4. DATE OF DEATH Month: May Day: 13 Year: 1958

5. SEX 0: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 24, 1911
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 2 Days 20 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Steele, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Ruben Sayles
13b. MOTHER'S MAIDEN NAME: Mary Ellen Crawford
14. NAME OF HUSBAND OR WIFE: Emma Sayles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Emma Sayles Address: Bragg City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myo Cardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Bronchial Asthma
DUE TO (c): 241X
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-1-58, to 5-13-58 and last saw him alive on 5-13-58
Death occurred at 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. C. Wilson (Degree or title) M.D.
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 5/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 15, 1958
23c. NAME OF CEMETERY OR CREMATORY: East Woodlawn
23d. LOCATION (City, town, or county) (State): Hayti, Mo.

24. FUNERAL DIRECTOR ADDRESS: Jimmy Osburn Funeral Home, Hayti Mo.
25. DATE RECD. BY LOCAL REG.: 5-17-58
26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HE
DEPARTMENT 5-20-
COUNTY FILE NUMBER 5.3.2

MAY 23 1958

APR 4 1961

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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