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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033323
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 300 S.Warren St. — Length of stay in Ib: 38 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 300 S.Warren St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Forrest Middle: Homer Last: Sawyer

4. DATE OF DEATH: Month: Sept. Day: 16 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: June 5 1898 **9. AGE** (In years last birthday): 60 — 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): Clerk, Parts Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Auto Agency
11. BIRTHPLACE (City and state or country): Greenridge Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Levi Sawyer
13b. MOTHER'S MAIDEN NAME: Permelia Grey
14. NAME OF HUSBAND OR WIFE: Mary L.Sawyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 492-14-1506
17. INFORMANT Address: Homer Sawyer, Warrensburg, Missouri

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): Carcinoma Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 157X
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? YES [ ] NO [X] 2

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 May 20, 58 to Sept 16, 58 and last saw her/him alive on
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: Sept 17, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-18-58
23c. NAME OF CEMETERY OR CREMATORY: Greenridge Cemetery
23d. LOCATION (City, town, or county) (State): Greenridge Missouri

24. FUNERAL DIRECTOR ADDRESS: Sweeney Phillips, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 18, 1958
26. REGISTRAR'S SIGNATURE: Lavonne Critchfield

(Licensed Embalmer's Statement on Reverse Side)

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MAR 26 1959

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 John P. Lodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg, 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.