

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020545
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 274

v. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1404-Spring		d. STREET ADDRESS 1404 Spring	
Length of stay in 1b - - -		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Waldo Last Sayles			4. DATE OF DEATH Month June Day 2 Year 1959
5. SEX Male	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 Aug. 20, 1909
9. AGE (In years in birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forest Ranger	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Forestry		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry H. Sayles		13b. MOTHER'S MAIDEN NAME Emma Bell Wolters	
14. NAME OF HUSBAND OR WIFE Eileen Sayles		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. 499-05-5253		17. INFORMANT Address Mrs. Eileen Sayles, Poplar Bluff, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Cancer			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) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X			
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 6/2/59 to 6/2/59 and last saw ^{her} him alive on _____ Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Loughead, M.D.		22b. ADDRESS 330 N. 2nd St. - Poplar Bluff, Mo.	
22c. DATE SIGNED 6/8/59		23. NAME OF CEMETERY OR CREMATORY Memorial Gardens	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
23b. DATE 6-4-59		24. FUNERAL DIRECTOR ADDRESS Greer Croy Fitch, Poplar Bluff, Mo.	
25. DATE RECD. BY LOCAL REG. 6/13/59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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.

FILE NO. _____

STATEMENT BY LICENSED EMBALMER

APR 18 1960

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 Philip J. Cassery

Licensed Embalmer No. 4618
P. O. Address Poplar Bluff,

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.