

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-004799

FILED VS FEB 1 1960

Registration District No. 281 Primary Registration District No. 6183 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk twp</u>		Length of stay in 1b <u>70 yrs</u>	c. CITY OR TOWN <u>Milan</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Polk Twp</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lida</u> Middle <u>May</u> Last <u>Sayre</u>			4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>60</u>			
5. SEX <u>F-m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Owasco Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Frank Harmon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sevier</u>		14. NAME OF HUSBAND OR WIFE <u>W. I. Sayre</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>W. I. Sayre Milan Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatous</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>primary liver</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 June 26, 1954 to Jan 26, 1960 and last saw her alive on Jan 26, 1960 and last saw him alive on Jan 26, 1960 and to the best of my knowledge, from the causes stated. Death occurred at 3:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J.R. Brubaker</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Browning Mo</u>	22c. DATE SIGNED <u>1-24-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Milan Sullivan Mo</u>
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24. FUNERAL DIRECTOR'S ADDRESS <u>Schoues Milan Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Berrett</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dwight Devoe

Licensed Embalmer No. 2667

P. O. Address Milan, W

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.