RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-038961
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Length of stay in 1b: 53 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 402 Clay Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARTA Middle ETHEL Last SAWYER
4. DATE OF DEATH Month October Day 9 Year 1960
5. SEX Female
6. COLOR OR RACE Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-20-1875
9. AGE (last birthday) 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Turney, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jacob Hooper
13b. MOTHER'S MAIDEN NAME Nancy E. St.John
14. NAME OF HUSBAND OR WIFE David H. Sawyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Elmer Gillilan; Address 402 Clay Street Chillicothe mo

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) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Edema — 12 hrs.
DUE TO (c) Cerebro vascular accident — 36 hrs.
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? 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 10-8-60 to 10-9-60 and last saw her/him alive on 10-9-60
Death occurred at six ten a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jane D. Martiny (Degree or title) D.O.
22b. ADDRESS Chillicothe, Missouri
22c. DATE SIGNED 10-10-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-11-60
23c. NAME OF CEMETERY OR CREMATORY Edgewood
23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home; Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 10, 1960
26. REGISTRAR'S SIGNATURE Annalee Taylor

(Signed Embalmer's Statement on Reverse Side)

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_____ Signed Elton Norman

Signature of Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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