MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-024070

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 175

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0745		
2	0745		
3	2		
4	1		
5	1		
6			
7	0		
8	2		
9	193.0		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in Ib 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Elm Square — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3 Elm Square — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ESTELLE Middle ROSE Last SAYLER

4. DATE OF DEATH: Month 6 Day 24 Year 62

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/18/11
9. AGE (last birthday) 51 — 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 Own home
11. BIRTHPLACE (City and state or country) Worth Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James F. Hunter
13b. MOTHER'S MAIDEN NAME Nevada VanHoozer
14. NAME OF HUSBAND OR WIFE J. Norvel Sayler

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.
17. INFORMANT J. Norvel Sayler, Maryville, Mo. Address

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) Malignant glioma — INTERVAL BETWEEN ONSET AND DEATH 9 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) path report - astrocytoma
DUE TO (c) grade III

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 Sept 1961, to 6/24/62 and last saw ~~alive~~ dec. on 6-23-62
Death occurred at 10:18 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J C Bauman (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 6-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/27/62
23c. NAME OF CEMETERY OR CREMATORY Oak Hill
23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 6-25-62
26. REGISTRAR'S SIGNATURE Beas Bolt.

(Licensed 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G O Merrick

Signature of Student Embalmer

Licensed Embalmer No. 5188

P. O. Address Maryville 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.