

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046214

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 62 Primary Registration District No. 4108 Registrar's No. \_\_\_\_\_

FILED DEC 26 1962

VS 300  
Rev. 4/59

1 0200

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cedar  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Cedar                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Stockton   |   | Length of stay in 1b   | c. CITY OR TOWN Stockton   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1204 East St.   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) 1204 East St.  |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN RAY SAYRE  |   | 4. DATE OF DEATH Month Day Year Dec. 15, 1962  |  |
| 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 8-15-96   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Foreman  |   | 10b. KIND OF BUSINESS OR INDUSTRY Railroad   | 9. AGE (last birthday) 66  |
| 13a. FATHER'S NAME Oliver Sayre   |   | 13b. MOTHER'S MAIDEN NAME Grace Graham   | 12. CITIZEN OF WHAT COUNTRY U.S.A.   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes  |   | 17. INFORMANT Mrs. Ada Sayre, Stockton, Mo.  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Occlusion<br>DUE TO (b) 1st " " 16 yrs ago.<br>DUE TO (c)   |   |  | INTERVAL BETWEEN ONSET AND DEATH 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year   |   | 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 9.23.59 to 12.15.62 and last saw him alive on 4.25.62<br>Death occurred at 1:30 P on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title) Wm. B. Richter M.D.  |   | 22b. ADDRESS Stockton Mo   |  |
| 22c. DATE SIGNED 12.17.62   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 23b. DATE 12-18-1962  | 23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.  | 23d. LOCATION (City, town, or county) Stockton, Mo.  |
| 24. FUNERAL DIRECTOR ADDRESS Canton Fun. Home, Stockton, Mo.  |   | 25. DATE RECD. BY LOCAL REG. 12-17-62  | 26. REGISTRAR'S SIGNATURE Mrs Geneva Cantlon   |

JAN 3 1963

JAN 25 1963

JAN 11 1963

**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 A. Cantton

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.