

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22243

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) North part of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION North part of town			

3. NAME OF DECEASED a. (First) Jerry b. (Middle) Clarence c. (Last) Sailor			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1884.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months 6 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Saline county, Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph B. Sailor		13b. MOTHER'S MAIDEN NAME Margaret I. Funck		14. NAME OF HUSBAND OR WIFE Goldie A. Sailor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs J.C. Sailor, Malta Bend, Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gall bladder trouble		
		DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. W				1501

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from investigation of the death 7-8, 1949 that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE P. L. Lawless, Coroner (Degree or title)		23b. ADDRESS Malta Bend, Mo.		23c. DATE SIGNED 7-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Malta Bend cemetery	24d. LOCATION (City, town, or county) (State) Malta Bend, Mo.		

DATE REC'D BY LOCAL REG July 9-1949	REGISTRAR'S SIGNATURE Edw. J. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Clayton Lewis	ADDRESS Malta Bend, Mo.
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(Licensed Embalmer's Statement on Reverse Side) By **Clayton Lewis**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97
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0

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-14-49

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.

Signed R. W. Campbell Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.