

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37 **25823**

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. _____			
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, write RURAL and give OR TOWN <u>Milan Rural</u>)		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan - Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Polk Twp</u>				d. STREET ADDRESS (If rural, give location) <u>Polk Twp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>General</u>		b. (Middle) <u>Moak</u>		c. (Last) <u>Sayre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 50</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-4-1900</u>			
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>50</u>			
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>General A Sayre</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Henthorn</u>			
14. NAME OF HUSBAND OR WIFE <u>Mable Dodson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>491-30-4218</u>		17. INFORMANT'S SIGNATURE AND NAME <u>Mable Sayre</u> ADDRESS <u>Milan Mo</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>				ANTECEDENT CAUSES				approx. <u>15min</u>	
DUE TO (b) <u>Gunshot wound in head</u>				DUE TO (c) <u>Self-inflicted act</u>				<u>5971-8</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Poor health</u>				<u>3yrs plus</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in his barn</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Milan Sullivan Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 23, '50 Am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted fatal wound.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23. SIGNATURE <u>Joseph P. ...</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Milan, Missouri</u>		23c. DATE SIGNED <u>7-31-50</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>burial</u>		24b. DATE <u>7/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cetr.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug 1-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harms</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS <u>Milan, Mo</u>			

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

10501

OCT 19 1954

RECEIVED AUG 4 1950
District Health Officer No. 1
District File Number 8-50-122
Date Filed AUG 4 1950

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 _____
Student Embalmer

Signed Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Urbana - 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.