

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36254

State File No. 53-

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Milan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Milan</b>	
c. LENGTH OF STAY (in this place) <b>2 years</b>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan County Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Louisa</b> c. (Last) <b>Sawyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8 - 54</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept. 29, 1874</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operated Restaurant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Pfeiffer</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Rister</b>	
14. NAME OF HUSBAND OR WIFE <b>Louis Sawyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>W. L. Posey, Green City, Mo.</b>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile changes.</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac - renal complications</b> DUE TO (c) <b>Blind - several years.</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b> <b>10 da.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 15, 1954</b> , to <b>Oct. 8</b> , 1954, that I last saw the deceased alive on <b>Oct. 7</b> , 1954, and that death occurred at <b>5:25 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. L. Posey, D.O.</b>		23b. ADDRESS <b>Milani, Mo.</b>	
23c. DATE SIGNED <b>10-8-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 9, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Green City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-11-1954</b>		REGISTRAR'S SIGNATURE <b>320 Mrs. H. B. Harris</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Glen E. Hunt &amp; Son</b>		ADDRESS <b>Green City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.