

FILED APR 11 1955

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8876

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 41

1. PLACE OF DEATH  
a. COUNTY Mississippi  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston  
c. LENGTH OF STAY (In this place) 24 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION 517 Olive St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Miss. 0672  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston  
d. STREET ADDRESS (If rural, give location) 517 Olive St.

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) Sawyer c. (Last) Sawyer  
4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1955

5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2  
8. DATE OF BIRTH July 3, 1872 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 7 Days 24 IF UNDER 24 HRS. Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Huntersville, Ala. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Laird 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Green Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Columbus Anderson, East Prairie, Mo.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*(a) Cerebral hemorrhage  
ANTECEDENT CAUSES Hypertension  
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b)  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Cardiac arrhythmia  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 331X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 1955, to 2/27, 1955, that I last saw the deceased alive on 2/26, 1955, and that death occurred at 3:00 P m., from the causes and on the date stated above.

23a. SIGNATURE To, Char. Rolwing, M.D. (Degree or title) 23b. ADDRESS Charleston, Mo. 23c. DATE SIGNED 3/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 6, 1955 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. 3-15-55 REGISTRAR'S SIGNATURE Jean Heanes 480-1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Sparks Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed APR 8 1955

**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 *Frank Sparks* \_\_\_\_\_

Licensed Embalmer No. *3455* \_\_\_\_\_

P. O. Address *Cape Girardeau* \_\_\_\_\_

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.