

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

191

No. 300  
10-48

FILED MAR 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>34 years</b>		e. STREET ADDRESS (If rural, give location) <b>736 Corbin Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Sawyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 12 56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 31, 1883</b>		9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ramsay, Illinois</b>	
13a. FATHER'S NAME <b>Levi Sawyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Gray</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Grace A. 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>488-32-8418</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Grace A. Sawyer, 736 Corbin Terrace</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Congestion &amp; Edema</b>		ANTECEDENT CAUSES (b) <b>Do not know</b>		5391	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (c) <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Esophageal Obstruction (m.m.a.)</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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>12/10/56</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>12/10/56</b> , 19 <b>56</b> , and that death occurred at <b>St. Joseph Hospital</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>Russell W. Kerr</b>		(Degree or title) <b>Physician</b>		23b. ADDRESS <b>St. Joseph Hospital</b>	
23c. DATE SIGNED <b>13 Jan 56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remov. &amp; Burial</b>		24b. DATE <b>1-15-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Greenridge, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>1-14-56</b>		REGISTRAR'S SIGNATURE <b>Neval Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, 1800 E. Linwood</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

*Handwritten notes and signatures:*  
C. J. Henry  
2130  
W. L. ...  
...  
...

**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 *Melvin Darter*.....

Licensed Embalmer No. *490*  
P. O. Address *KC 7*

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.