

FILED JUL 30 1956

STANDARD CERTIFICATE OF DEATH

23456

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 667-H

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Campbell Tswp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Springfield 0396
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Duncan Rest Home (Nichols Junction)		Length of stay in lb 3 yrs.	d. STREET ADDRESS 607 1/2 S. Pickwick (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Elbert C. Sawyers	First Middle Last	4. DATE OF DEATH July 19 1956	Month Day Year
---	-------------------	---	----------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
--------------------	-------------------------------	--	---	--	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Machinist	10b. KIND OF BUSINESS OR INDUSTRY Frisco	11. BIRTHPLACE (City and state or country) Davies County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
-------------------------------------	--

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. none	17. INFORMANT Mrs. Lura Crippen 607 1/2 S. Pickwick	Address Springfield Mo
--	--	---	-------------------------------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Decompensating heart	2 years
	DUE TO (c) Arteriosclerosis	1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **July 19, 1956** to **July 19, 1956** and last saw ~~she~~ **him** alive on **July 19-56**
Death occurred at **7:00 A. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C E Zeller MD	22b. ADDRESS 609 Cherry, Springfie, Mo.	22c. DATE SIGNED 7-20-56
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-20-56	23c. NAME OF CEMETERY OR CREMATORY Eastlawn	23d. LOCATION (City, town, or county) (State) Springfield Mo.
--	-----------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Ralph Hoins Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 7-24-56	26. REGISTRAR'S SIGNATURE Edith Williams
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

seases in Part must be causally related. Coroner cannot certify if possible

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4568

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.