

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26659

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 126

FILED AUG 21 1956

1. PLACE OF DEATH
a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Inside Limits Yes No

c. CITY OR TOWN Trenton 0400 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR IN AMBULANCE AT INSTITUTION Guliers Hospital Length of stay in 1b Few Min

d. STREET ADDRESS R.F.D. 3 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Norris V Sawyer First Middle Last

4. DATE OF DEATH Aug. 11, 1956 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH May 2, 1894 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days 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 Agriculture 11. BIRTHPLACE (City and state or country) Grundy Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Sawyer 14. MOTHER'S MAIDEN NAME Macedonia Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 488-14-5979 17. INFORMANT Lloyd Sawyer Address Laredo, 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) Injuries about the head-face-chest
DUE TO (b) in an automobile collision
DUE TO (c) 8161
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 26

INTERVAL BETWEEN ONSET AND DEATH Few min.

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) The pick-up he was driving collided with a passenger car at an intersection

20c. TIME OF INJURY Hour 1:30 Month 11 Day 11 Year 1956 a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION Trenton COUNTY Grundy STATE Mo.

21. I attended the deceased from Deceased was dead when I examined and last saw her alive on
Death occurred at About 1:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lt. H. Sellers M.D. 22b. ADDRESS Trenton, Mo. 22c. DATE SIGNED 8-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 15, 1956 23c. NAME OF CEMETERY OR CREMATORY South Evans Cemetery 23d. LOCATION (City, town, or county) (State) Grundy County, Mo.

24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 8-15-56 26. REGISTRAR'S SIGNATURE Jeanne Fair

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 28 1956

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 *Ward Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Greentown, Pa*

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