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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037071
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 195 Primary Registration District No. — Registrar's No. 93-58

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in lb 45 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY McDonald
c. CITY OR TOWN Southwest City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0600 None — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Maude Middle D. Last Sayre
4. DATE OF DEATH Month 10 Day 6 Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 2-4-1898
9. AGE (In years last birthday) 60 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Gravette, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. E. Hatfield
13b. MOTHER'S MAIDEN NAME Anna Peters
14. NAME OF HUSBAND OR WIFE George Sayre

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT D.O. Sayre Address Southwest City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 1538
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 6-1-58, to 10-6-58 and last saw her alive on 10-6-58
Death occurred at 2 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) G.A. Blankenship M.D.
22b. ADDRESS Anderson Mo.
22c. DATE SIGNED 10-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-8-58
23c. NAME OF CEMETERY OR CREMATORY Southwest City Cemetery
23d. LOCATION (City, town, or county) (State) Southwest City, Mo.

24. FUNERAL DIRECTOR Humphrey & Son ADDRESS Noel, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 27, 1958
26. REGISTRAR'S SIGNATURE Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

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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 T. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.