

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005511

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 603

FILED VS FEB 20 1961

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>  |  | Length of stay in 1b<br><u>Life</u>   | c. CITY OR TOWN <u>Kansas City</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6207 Forest</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>6207 Forest</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>HOWARD ADDISON SAWYER</u>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb. 3 1961</u>   |  |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec 10, 1910</u>  | 9. AGE (last birthday)<br><u>50</u>  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Pharmacist</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Katz Drug Co.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Kansas City, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Charles A. Sawyer</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Gertrude Gurnee</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Anna F. Sawyer</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 17. INFORMANT Address<br><u>Anna F. Sawyer 6207 Forest</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Gunshot wound chest</u>                                      |  |   |  |  | 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) _____  |  |   |  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>apparently self-inflicted</u>                            |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br><u>9:30 p.m.</u>   | Month, Day, Year<br><u>2-3-61</u>  |   |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Residence</u>         | 20f. CITY, TOWN, OR LOCATION<br><u>Kansas City</u>  | COUNTY<br><u>Jackson</u>   | STATE<br><u>MO</u>   |   |  |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Hugh H. Owens</u>  |  |   | 22b. ADDRESS<br><u>152 Union Station</u>   |  | 22c. DATE SIGNED<br><u>2-3-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>2-6-61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Melody-McGilley-Eylar 1800 Linwood</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>2-4-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |  |   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 HUGH H. OWENS

MAR 23 1961

**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 Lloyd F. Dickmon

Licensed Embalmer No. 5120

P. O. Address K. C. 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.