

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32474

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>397</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 hr.</u>		c. CITY OR TOWN <u>Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>930 Raines St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospit</u>				d. STREET ADDRESS (If rural, give location) <u>930 Raines St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Lora Mc Lard Sawyer</u>			a. (First) <u>Lora</u> b. (Middle) <u>Mc Lard</u> c. (Last) <u>Sawyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 16, 1920</u>	
9. AGE (In years last birthday) <u>35</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Oscar Mc Lard</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Cotner</u>		14. NAME OF HUSBAND OR WIFE <u>Ermer W. Sawyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ermer W. Sawyer</u> ADDRESS <u>Jackson, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Plaque</u>							
DUE TO (c) <u>Renal Sclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlarged heart, + Liver</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Cape Girardeau, Cape Gir. Mo.</u>			
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 <u>10-15, 1955</u> , to <u>10-15, 1955</u> , that I last saw the deceased alive on <u>9-9-55 to 9-19-55</u> , and that death occurred at <u>7:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Z. Schrader D.O.</u>				23b. ADDRESS <u>213 S. Spring - Cape Gir.</u>		23c. DATE SIGNED <u>10/15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>OCT 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell-Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-17-55</u>		REGISTRAR'S SIGNATURE <u>L. L. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Cracraft</u>		ADDRESS <u>Jackson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Gene C. Crawford

Signed.....

Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Jackson, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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