

FILED JUN 10 1949

STANDARD CERTIFICATE OF DEATH

14730

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY-REG. DIST. NO. 3001 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #3 near Sperry		d. STREET ADDRESS (If rural, give location) RFD 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Vida	b. (Middle) R.	c. (Last) Sykes	4. DATE OF DEATH (Month) (Day) (Year) May 17 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1899	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 23	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel Roberts	13b. MOTHER'S MAIDEN NAME Mary Alice Long	14. NAME OF HUSBAND OR WIFE Vincil Ross Sykes
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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'S SIGNATURE OR NAME Rose Sykes R.F.D. #3, Kirksville, Mo	ADDRESS Kirksville, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		1 hr.
	ANTECEDENT CAUSES DUE TO (b) auricular fibrillation		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral stenosis			20 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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 6-10, 1948, to 5-7, 1949, that I last saw the deceased alive on 5-7, 1949, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D. (I)	23b. ADDRESS Kirkville, Mo.	23c. DATE SIGNED 5-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-49	24c. NAME OF CEMETERY OR CREMATORY East Center Cemetery	24d. LOCATION (City, town, or county) (State) Kirkville, Mo.
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DATE REC'D BY LOCAL REG. 6-4-49	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Funeral Home, Kirksville, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No.
District File Number 6-47-10
Date Filed JUN-8-1910

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.