

FILED MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16264

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0461</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Howell 0461</u>			
b. CITY OR TOWN <u>WEST PLAINS, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5-YRS.</u>		c. CITY OR TOWN <u>WEST PLAINS, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1032 RENEW AV.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARNEY</u> b. (Middle) <u>ADELBERT</u> c. (Last) <u>SYLVESTER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-1952</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>8-20-1907</u>	
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>SPA. LINEMAN</u>		11. BIRTHPLACE (State or foreign country) <u>HUNTSVILLE TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Whitfield Sylvester</u>		13b. MOTHER'S MAIDEN NAME <u>Blank</u>		14. NAME OF HUSBAND OR WIFE <u>Dollye J. Sylvester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dollye J. Sylvester WEST PLAINS, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CORONARY THROMBOSIS</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input 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) _____			
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>3</u> 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert A. Cook M.D. - CORONER</u>				23b. ADDRESS <u>Howell Co West Plains, Mo.</u>		23c. DATE SIGNED <u>19-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-11-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-19-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson West Plains Mo.</u>			

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

JUN 2 1932

MAY 29 1932

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 .....  
Student Embalmer

Signed

*A. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Plains, 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.