

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17146

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 17

0570

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Residence			
3. NAME OF DECEASED (Type or Print) a. (First) Beatrice b. (Middle) W. c. (Last) Sydnor			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1952
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1907
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri 0
10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathaniel Washington		13b. MOTHER'S MAIDEN NAME Jane Powell	
14. NAME OF HUSBAND OR WIFE Clifford Sydnor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Clifford Sydnor		ADDRESS Troy, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Asibid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac insufficiency DUE TO (c) Chiroisis of liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 14 hrs 4 yrs 90			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810	
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) m.		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 Oct. 10, 1950, to May 9, 1952 that I last saw the deceased alive on May 9, 1952 and that death occurred at 8:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE H. F. Kelley (Degree or title) D.O.		23b. ADDRESS Troy Mo	
23c. DATE SIGNED 5-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/52	
24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri	
DATE REC'D BY LOCAL REG. May 17-52		REGISTRAR'S SIGNATURE Emma B. Kiddle 162	
25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home		ADDRESS Troy, Missouri	

**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

*Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

**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.