

No. 300
10.48

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14713

State File No. _____

1090

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

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) I043 Washington Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) c. (Last) Sydnor			4. DATE OF DEATH (Month) (Day) (Year) April 19 1954
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 15 1878
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warren CO MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Nelson	
13b. MOTHER'S MAIDEN NAME Sussan Murphy		14. NAME OF HUSBAND OR WIFE Isom Sydnor	
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 Mabel E Callaway ADDRESS 4043 Washington
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) result of chronic injury DUE TO (c) Essential Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apparently a heart condition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201 Condition	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Wright City Warren MO	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. P. H. Kuppel Coroner		23b. ADDRESS Warrenton MO	
23c. DATE SIGNED 4/22/54		23d. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	
23e. LOCATION (City, town, or county) (State) Wright City MO		24. DATE REC'D BY LOCAL REG. Apr. 24 1954	
REGISTRAR'S SIGNATURE Mrs. F. W. Hughes		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co	
ADDRESS Wright City MO		ADDRESS	

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.....

Julius J. Nieburg

Signed.....
Student Embalmer

Licensed Embalmer No. *3366*

P. O. Address *Wright City*

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.