

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

27667

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 303

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 1408 Lindell Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1408 Lindell Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Thomas I Sykes First Middle Last			4. DATE OF DEATH August 28, 1956 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 28, 1884
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
100. KIND OF BUSINESS OR INDUSTRY Wabash Railroad		11. BIRTHPLACE (City and state or country) New London Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Henry Thomas Sykes	
14. MOTHER'S MAIDEN NAME Sarah Frances Murphy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Thomas I Sykes Hannibal Missouri Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma stomach DUE TO (b) generalized metastasis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 18 mos.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			151X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:30 a. m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 3-25-55 to 8-27-56 and last saw ^{her} _{him} alive on 8-27-56 Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R M Strong M.D. (Degree or title)		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	
22c. DATE SIGNED 8-29-56		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 8/29/1956		23c. NAME OF CEMETERY OR CREMATORY Barkley	
23d. LOCATION (City, town, or county) New London Missouri		23e. (State)	
24. FUNERAL DIRECTOR W. C. Smith ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 8-31-56	
26. REGISTRAR'S SIGNATURE Dr. E. M. Tucker by W. C. Fisher			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 4 1956
MARION CO, HEALTH DEPT.
DATE FILED SEP 4 1956

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.....
Signature of Student Embalmer

Signed *John S Stand*
Licensed Embalmer No....454

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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