EC-18 89 46
RN-14211

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16334
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 360

Health, & Welfare Public Service

5. 300 0
. 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: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Length of stay in 1b: 18 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Oregon
c. CITY OR TOWN: Thayer — Inside Limits Yes X No ☐
d. STREET ADDRESS: None (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CARL Middle EDMOND Last SIDLER
4. DATE OF DEATH: Month MAY Day 18 Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 7, 1890
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Selling Flowers
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (City and state or country): Lane, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Sidler
14. MOTHER'S MAIDEN NAME: Mary B. Fairchild
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: VA HOSPITAL RECORDS Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Encephalomalacia secondary to Arteriosclerosis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized and CNS Lues
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Systemic Lues 026X
19. WAS AUTOPSY PERFORMED? YES ☐ NO NO
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from April 30, 1957, to May 18, 1957
Death occurred at 8:31 pm on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. L. Donham (Degree or title) M.D.
22b. ADDRESS: VA Hospital Med. Sv. Poplar Bluff, Mo.
22c. DATE SIGNED: 5-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-18-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Thayer, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Carter Funeral Home, Thayer, Mo.
25. DATE RECD. BY LOCAL REG.: 5/23/57
26. REGISTRAR'S SIGNATURE: R H Mueller By mm

(Licensed Embalmer's Statement on Reverse Side)

89-0

RECEIVED
MAY 27 1957
BUTLER CO. HEALTH CENTER
FILE No.

MAY 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Ray P. Adams

Licensed Embalmer No. 49

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.