

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010896

FILED APR 15 1958

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. 5880 Registrar's No. 19

ENCLOSURE
APR 15 1958

1. PLACE OF DEATH a. COUNTY <u>Barth</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Elyiah</u>		
b. CITY OR TOWN <u>Elyiah</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Elyiah</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elyiah</u>		Length of stay in 1b <u>65 yrs.</u>	d. STREET ADDRESS <u>R.D.</u> <small>(If outside, give location)</small>		Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Russell</u> Last <u>Syree</u>			4. DATE OF DEATH Month <u>3</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1893</u>	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birth day) Months <u>65</u> Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Elyiah, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Marion Syree</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Syree</u>	
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. <u>no</u>	17. INFORMANT <u>Myrtle Syree, Elyiah, Mo</u> Address <u>9</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arthritis Deformans 480X</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>2</u>				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
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		COUNTY	STATE
21. I attended the deceased from <u>Mar 26, 1958</u> to <u>Mar 29, 1958</u> and last saw ^{her} him alive on <u>Mar 29, 1958</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>M. J. Koelzmann M.D.</u>			22b. ADDRESS <u>500.2 Gainsville, Mo</u>		22c. DATE SIGNED <u>4-8-58</u>
23a. BURIAL PREPARATION, REMOVED (Specify)	23b. DATE <u>3/30-58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Baptist Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Barth, Mo</u>	(State)
24. FUNERAL DIRECTOR <u>Robert West</u>		ADDRESS <u>1st Ave</u>	25. DATE RECD. BY LOCAL REG. <u>4-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>	

(Licensed Embalmer's Signature on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 24 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. *348*

P. O. Address *[Handwritten Address]*

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.