

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014896

State File No.

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 101

0570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bedford Twp)</u>		c. LENGTH OF STAY (in this place) <u>7 Yrs</u>	c. CITY OR TOWN <u>Troy</u> 0570
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Sydnorville District</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sandra</u>	b. (Middle) <u>Elaine</u>	c. (Last) <u>Sydnor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 25, 1950</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Elementary School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Sydnor</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Mae Sydnor</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Sydnor, Troy, Missouri.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 Hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE HEMORRHAGIC PANCREATITIS</u>		<u>4 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MUMPS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ENL. THYMUS BILAT HYDRO THORAX ASCITES</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>089X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>089X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-10, 1955, to 4-6, 1958, that I last saw the deceased alive on 4/4, 1958, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Louis P. Heltage MD</u>	23b. ADDRESS <u>320 E. Wood Troy, Mo.</u>	23c. DATE SIGNED <u>4/6/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>4-18-58</u>	REGISTRAR'S SIGNATURE <u>Hell-Schoenhein</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper-Marsh Funeral Home, Troy, Mo.</u>
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APR 21 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, ~~XXXX~~..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.