

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022413  
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Odessa</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Odessa</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>10 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>10 STREET ADDRESS</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Clemens Sydenstricker</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 11, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done plus the usual hours of work if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) <b>78</b> 11. BIRTHPLACE (City and state or country) <b>Lafayette Co., Mo.</b>
13a. FATHER'S NAME <b>James H. Sydenstricker</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Whitsitt</b>	12. CITIZEN OF WHAT COUNTRY? <b>MO.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <b>Barton Sydenstricker</b> Address <b>Odessa, Mo.</b>
17. INFORMANT <b>Mrs. Barton Sydenstricker, Odessa, Mo.</b>			17. INFORMANT 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) <b>Coronary insufficiency</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>acute myocardial infarction</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Complete Heart Block (Third Degree)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>3 weeks</b>
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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>June 17, 1958</b> to <b>July 2, 1958</b> and last saw him alive on <b>July 1, 1958</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Cecil L. Watson, M.D.</b>		22b. ADDRESS <b>Odessa, Mo.</b>	22c. DATE SIGNED <b>7-2-58</b>
23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	23b. DATE <b>July 4, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>
24. FUNERAL DIRECTOR <b>Husman-Sparks</b> ADDRESS <b>Odessa, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 5, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Emma Davidson</b>

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dwight A. Husman* .....  
Licensed Embalmer No. *7541* .....  
P. O. Address *Odesa* .....

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.