

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014016

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 34

FILED MAY 1 1962

VS 300 Rev. 4/59	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED		INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1030							
20030							
3							
4 0							
5 1							
6							
7 1							
8 2							
9/62.1							
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12 1-0							
13 1-0							

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in lb 3 wks	c. CITY OR TOWN Tarkio Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Com Hospt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLEN Middle OWEN Last SYBERT			4. DATE OF DEATH Month April Day 17 Year 1962
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 5/14/1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm labor		10b. KIND OF BUSINESS OR INDUSTRY day labor	9. AGE (last birthday) 45 IF UNDER 1 YEAR: Months 11 Days 3 Hours Min. IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) Jonesville Virginia		12. CITIZEN OF WHAT COUNTRY U.S	
13a. FATHER'S NAME Floyd Sybert		13b. MOTHER'S MAIDEN NAME Lillie Helton	
14. NAME OF HUSBAND OR WIFE Mary Sybert		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 Address Mrs. Mary Sybert Tarkio, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Bronchogenic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.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 COUNTY STATE
21. I attended the deceased from 7/21/52 to 4/17/62 and last saw him alive on 4/17/62 Death occurred at _____ 1:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Ed. Meyers M.D.		22b. ADDRESS Tarkio, Mo	22c. DATE SIGNED 4/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal-burial	23b. DATE 4/19/62	23c. NAME OF CEMETERY OR CREMATORY Sumner Missouri	23d. LOCATION (City, town, or county) (State) Sumner, Mo.
24. FUNERAL DIRECTOR ADDRESS Davis Funeral Home Tarkio, Mo.		25. DATE RECD. BY LOCAL REG. 4/24/1962	26. REGISTRAR'S SIGNATURE M. S. ...

MAY 2 1962

MAY 4 1962

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 Frost A. Brown

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.