No. 600
10-48

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23228

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BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 54,

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Fillmore, Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi. west of Fillmore Ct. River Lodge Nodaway River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry,
d. STREET ADDRESS (If rural, give location): Rt #1 N.E. Stanberry, Mo

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3. NAME OF DECEASED (Type or Print): a. (First) Betty b. (Middle) Jean c. (Last) Sybert

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 49

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mch 3, 1933
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 4, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ravenwood Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Walter Jackson Sybert
13b. MOTHER'S MAIDEN NAME: Bertha Lee Hilton
14. NAME OF HUSBAND OR WIFE: ✓

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Howard E. Calkins Dr. D.O. — ADDRESS: Oregon, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNED IN RIVER — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 2 mi. W. of Fillmore, Mo. 10 mi. E. of Oregon, Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc: Drnt
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nodaway River
21c. (CITY, TOWN, OR TOWNSHIP) Between Oregon Mo + Fillmore Mo. (COUNTY) HOLT (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 44

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__; that I last saw the deceased alive on ——, 19__, and that death occurred at 2 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard E. Calkins D.O. Coroner
23b. ADDRESS: Oregon Mo.
23c. DATE SIGNED: July 17, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-49
24c. NAME OF CEMETERY OR CREMATORY: Highridge Cemetery
24d. LOCATION (City, town, or county): Stanberry (State) Mo

DATE REC'D BY LOCAL REG.: 7-17-49
REGISTRAR'S SIGNATURE: J. Arany, 122
25. FUNERAL DIRECTOR'S SIGNATURE: Phillips Mortuary — ADDRESS: Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. C. Tracy
Mound City, Mo

RECEIVED
JUL 26 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed George S. Trammell

Signed .....
Student Embalmer

Licensed Embalmer No. 4425

P. O. Address 224 West 4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Cameron, Miss