S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39903

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1438

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 3 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. M.E. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah 0020
d. STREET ADDRESS (If rural, give location): R.F.D. 2 mi south

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Fredrick
c. (Last): Symes

**4. DATE OF DEATH** (Month) (Day) (Year): 12-21-1950

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 11-30-1872
**9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months 0, Days 21 — IF UNDER 24 HRS.: Hours, Min.

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

**13a. FATHER'S NAME**: William Symes
**13b. MOTHER'S MAIDEN NAME**: Anna White
**14. NAME OF HUSBAND OR WIFE**: Elva Symes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 491-09-5174
**17. INFORMANT'S SIGNATURE OR NAME**: Carl Symes Savannah — ADDRESS: 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) 1. Subacute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 2. Traumatic Pneumothorax c̄ Emphysema, Left chest — 4 hrs.
DUE TO (c) 3. Traumatic Subarachnoid Hemorrhage. — 4 hrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4. Fracture of Pubis c̄ Hemorrhage Right Ramus. — 4 hrs.

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy 71 - 4 mi S. Sav.
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Jefferson Township Andrew, Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 12-20-50 9:30 P.M.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**: automobile Collision .0 m

22. *I hereby certify that I attended the deceased from* 12-20, 1950, *to* 12-21, 1950, *that I last saw the deceased alive on* 12-21, 1950, *and that death occurred at* 1:45A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Gilbert B. Kelley Mo
**23b. ADDRESS**: Savannah Mo
**23c. DATE SIGNED**: 12-22-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-22-1950
**24c. NAME OF CEMETERY OR CREMATORY**: Savannah
**24d. LOCATION** (City, town, or county) (State): Savannah Mo

**DATE REC'D BY LOCAL REG.**: Dec 22, 1950
**REGISTRAR'S SIGNATURE**: Carl C. Castel per Eodie Allison Dep. Reg. 444
**25. FUNERAL DIRECTOR'S SIGNATURE**: Breit Funeral Home — ADDRESS: Savannah Mo

(Signature Embalmer's Statement on Reverse Side)

## 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 E. C. Breit

Signed.....
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Sarcoxie, 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 this body is not embalmed, fact should be so stated above.