

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41728**

FILED DEC 29 1950

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **394**

804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Sedalia 0804	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 713 W. Cooper	
d. FULL NAME OF HOSPITAL OR INSTITUTION 713 W. Cooper, St			

3. NAME OF DECEASED (Type or Print) a. (First) Romeo	b. (Middle)	c. (Last) Styles	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Bamy's Garage	11. BIRTHPLACE (State or foreign country) Smithton, MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Styles	13b. MOTHER'S MAIDEN NAME Clara Buckner	14. NAME OF HUSBAND OR WIFE Mrs. Blanche Styles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I.	16. SOCIAL SECURITY NO. 494-20-7535	17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Styles - Sedalia, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis		
	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 <input type="checkbox"/> NO <input checked="" 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)
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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 ^{VIEWED} attended the deceased from **as corpse**, that I last saw the deceased alive on **19**, and that death occurred at **9:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Brandon Bayne, M.D. (Degree or title)	23b. ADDRESS Cornier, Pettis Co.	23c. DATE SIGNED 12-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. Dec. 16-1950	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/27/50
DISTRICT
MAR 2 1951
12/27/50

JAN 29 1951

JAN 6 1951

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 *Eric Alexander*

Signed _____
Student Embalmer

Licensed Embalmer No. 4445

P. O. Address Sedalia, 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.