

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9197  
Registrar's No. 16

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy</b>	0570
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence (Troy)</b>		d. STREET ADDRESS (If rural, give location) <b>P.O. Box 72 (Troy)</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Luvenia</b>	b. (Middle)	c. (Last) <b>Sydnor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 29 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 10, 1864</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b>	IF UNDER 24 HRS. Min. <b>10</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife in her home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Caleb Green</b>	13b. MOTHER'S MAIDEN NAME <b>Sophie Shelton</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Sydnor</b>
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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. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Beatrice Sydnor</b>	ADDRESS <b>2732 Pine</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>diabetic</b> 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 <b>260x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 attended the deceased from **Dec. 18, 1950** to **Mar. 29, 1951** that I last saw the deceased alive on **Dec. 18, 1950**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. L. Kelly 2 D.O.</b>	23b. ADDRESS <b>Troy Mo</b>	23c. DATE SIGNED <b>3-31-51</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-1st '51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy, Mo. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Troy Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 31-1951</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Undertaking Co</b>	ADDRESS <b>2732 Pine</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
APR 2 1951

APR 12 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Clark Hanson  
Licensed Embalmer No. 33710

P. O. Address St. Louis

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.