

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17379

BIRTH NO.		REG. DIST. NO. 2211		PRIMARY REG. DIST. NO. 3046		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Walker 0680			
d. FULL NAME OF HOSPITAL OR INSTITUTION LATHAM HOSPITAL				d. STREET ADDRESS (If rural, give location) 4			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) CHARLES c. (Last) SYBERT			4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married /	8. DATE OF BIRTH July 15, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Mover		11. BIRTHPLACE (State or foreign country) Moniteau 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MIKE SYBERT		13b. MOTHER'S MAIDEN NAME KATHYRN GROOM		14. NAME OF HUSBAND OR WIFE MARY SAPPINGTON SYBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 118		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARY SYBERT, CALIFORNIA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease 15 yrs DUE TO (c) Arteriosclerosis, general 70 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 15 yrs 70 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5-25-51 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-21, 1951, to 5-25, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 2 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. C. Sullivan M.D.				23b. ADDRESS California, Missouri		23c. DATE SIGNED 5-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/27/51	24c. NAME OF CEMETERY OR CREMATOR City Cemetry		24d. LOCATION (City, town, or county) (State) California, Moniteau, MO.		
DATE REC'D BY LOCAL REG. 5-26-51		REGISTRAR'S SIGNATURE H.R. Popejoy M.D. L.R.O.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, California, Mo.			

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

RECEIVED

6-1-51
MAR 7 1951

DISTRICT HEALTH OFFICE No. **3**

District File Number _____

Date Filed 6-1-51

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 Hugh E. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California M.

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.