

MAR 31 1952
Dr. Cox

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7806

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, 0264	
c. LENGTH OF STAY (in this place) 45yrs		d. STREET ADDRESS (If rural, give location) 609 Waverly Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 Waverly Street			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Cyrus			4. DATE OF DEATH Mar 26 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	
8. DATE OF BIRTH Sept-15-1871		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman At Prison		10b. KIND OF BUSINESS OR INDUSTRY Mfg		11. BIRTHPLACE (State or foreign country) Linn Creek, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Cyrus		13b. MOTHER'S MAIDEN NAME Margaret Jackson		14. NAME OF HUSBAND OR WIFE Ada Cyrus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-28-0102		17. INFORMANT'S SIGNATURE OR NAME Mrs. C.C. Stadler, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH 14 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio renal disease</u> Unknown			
DUE TO (c) <u>Hypertrophic arthritis</u> Unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cystitis + Pyelitis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
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) (Minute)		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 Mar 3, 1952, to Mar 26, 1952, that I last saw the deceased alive on Mar 26, 1952, and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Cox, MD</u> (Degree or title)		23b. ADDRESS <u>125 E. High St. Jefferson City, Mo</u>		23c. DATE SIGNED <u>3-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE <u>Mar-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Engle Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Russellville, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>March 28-52</u>		REGISTRAR'S SIGNATURE <u>R. P. Darris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Gordon</u>	
				ADDRESS <u>Jefferson City, Mo</u>	

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

264
1

MAR 18 1953

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.

Student
Student Embalmer

Signed Sidney W. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.