

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8610**
1141

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>2 E. 43rd St. North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lloyd</u>	b. (Middle) <u>C</u>	c. (Last) <u>Syfert</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Mar. 9 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1900</u>	9. AGE (In years last birthday) <u>51</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Dens-Oil Lubrication Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Van Buren Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jos. T. Syfert</u>	13b. MOTHER'S MAIDEN NAME <u>Winifred Azenby</u>	14. NAME OF HUSBAND OR WIFE <u>Wilda Syfert</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-07-3698</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilda Syfert</u>	ADDRESS <u>2 E. 43rd St. North</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 1/2!</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis coronary</u>		
	ANTECEDENT CAUSES <u>Coronary occlusion - myocardial infarct</u>		
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ischemia</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

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) (Min.)	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 Mar 1, 1952, to Mar 7, 1952; that I last saw the deceased alive on Mar 9, 1952, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>180 1/2 S. 1st North Kansas City Mo.</u>	23c. DATE SIGNED <u>3-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cattcott-Burnette F. H.</u>	24d. LOCATION (City, town, or county) (State) <u>Keosauqua, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>3-10-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>North Kansas City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Glenn H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Quindale, 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 stated above.