

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13486**

FILED APR 27 1953
BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Camden 0150</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Evert</u> c. (Last) <u>Cyrus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15-1953</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 25-1876</u>	9. AGE (In years) (Month) (Day) <u>77</u>	# UNDER 1 YEAR Days	# 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) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Roch Camden Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christopher Cyrus</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth North</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Mosier Cyrus</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs O E Cyrus as above</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitiae nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>593X</u>	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 1950, 1950 to Apr. 15, 1953 that I last saw the deceased alive on April 15, 1953 and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. L. Keibel M.D.</u>	23b. ADDRESS <u>Camdenton, Mo.</u>	23c. DATE SIGNED <u>4-24-53</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 16 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 24-1953</u>	REGISTRAR'S SIGNATURE <u>Zilpha Jraw</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banksen Woolery Camdenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1938

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

Abbi Benson Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.