

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27532**

FILED AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. 364		PRIMARY REG. DIST. NO. 6237		Registrar's No. 4		
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Hickory Grove)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Hickory Grove				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Route 2 -- Wright City				
3. NAME OF DECEASED (Type or Print) a. (First) Brance			b. (Middle) Sydnor			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) July 20 1953								
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 10, 1873		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Lincoln County		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Sydnor			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Frances Sydnor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Sydnor Wright City				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
		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		19b. MAJOR FINDINGS OF OPERATION 331X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Hickory Grove Twp. Warren Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 6-19-1953 to 7-20-1953 , and saw the deceased alive on 7-19-1953 and that death occurred at 8:30 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. Beckmeyer			23b. ADDRESS Wright City Mo			23c. DATE SIGNED 7-23-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23, 53		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel		24d. LOCATION (City, town, or county) (State) Warren County Mo.		
DATE REC'D BY LOCAL REG. July 30-53		REGISTRAR'S SIGNATURE Mrs. F. W. Hughes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 335- Nieburg Furn & Und CO Wright City Mo				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Student Embalmer

Signed

Julius J. Nieburg
.....
Licensed Embalmer No. *33616*
.....
P. O. Address *Wright City*
.....

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.