

FILED NOV 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41785

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BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>2092</u>		Registrar's No. <u>209</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Pass township</u>		0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7 miles N.W. Marshall</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u>			b. (Middle) <u>James</u>		c. (Last) <u>Sydenstricker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1953</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>Feb. 10th, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	
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>Farm owner</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>S.J. Sydenstricker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McKeever</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lee Sydenstricker</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME # <u>3</u> ADDRESS <u>Mrs Mary Lee Sydenstricker, Marshall</u>				
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) <u>Ac Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 <u>Dec 11, 1952</u> , to <u>Nov. 14, 1953</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>53</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert Kennedy M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>11-14-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 16-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>		

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

DEC 2

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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 *R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.