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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4363

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 5 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles E. Still Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon, Missouri
d. STREET ADDRESS (If rural, give location): RR #2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Sidebottom

4. DATE OF DEATH (Month) (Day) (Year): March 1 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 15 1897
9. AGE (In years last birthday): 56
If under 1 year: Months | Days
If under 24 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: International
11. BIRTHPLACE (City and State or Foreign Country): Morgan County, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Sidebottom
13b. MOTHER'S MAIDEN NAME: Vestie (1st Name unknown)
14. NAME OF HUSBAND OR WIFE: Viola Estel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-09-1676
17. INFORMANT'S SIGNATURE OR NAME: Viola Sidebottom
ADDRESS: Eldon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Note - This pt expired
DUE TO (c): within two (2) minutes after

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arrival at this institution. - Cardiac & Respiratory arrest.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7955
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1954 *to* March 1, 1954, *that I last saw the deceased alive on* March 1, 1954, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack E. Barnett, DO (Degree or title)
23b. ADDRESS: Charles E. Still Ost. Hosp.
23c. DATE SIGNED: March 2 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 4 1954
24c. NAME OF CEMETERY OR CREMATORY: Donaldy
24d. LOCATION (City, town, or county) (State): Eldon Mo

DATE REC'D BY LOCAL REG.: Mar 5-54
REGISTRAR'S SIGNATURE: R. P. Dorris MD
25. FUNERAL DIRECTOR'S SIGNATURE: Louis D. Phillips
ADDRESS: Eldon

(Licensed Embalmer's Statement on Reverse Side)

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 Louis D. Phillips

Licensed Embalmer No.....

P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.