

No. 300
10.48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18182**

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5763 Registrar's No. 72

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN <u>COTE SAN DESIEN TWP</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>	c. CITY OR TOWN <u>Monroe</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Red Cross Home B BETH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Numphrey</u> c. (Last) <u>Sydich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/13/54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APR. 15/1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>	
				12. "TIZEN OF WHAT COUNTRY? <u>US A.</u>	

13a. FATHER'S NAME <u>JAMES HUMPHREY</u>	13b. MOTHER'S MAIDEN NAME <u>AMELIA WITT</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Sillon</u> ADDRESS <u>Tellus Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u>		
	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 <u>443x</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) m.	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 JUNE 3, 1954, to JUNE 13, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 3:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. ...</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>R #6 Fulton Mo.</u>	23c. DATE SIGNED <u>6/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JUNE 13</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MONAKE</u>	24d. LOCATION (City, town, or county) (State) <u>MONAKE MO</u>
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DATE REC'D. BY, LOCAL REG. <u>6/21/54</u>	REGISTRAR'S SIGNATURE <u>Le Roy Claypool</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice A. N. Fulton Mo</u> ADDRESS
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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.....
Signature of Student Embalmer

Signed *J. A. Ross*

Licensed Embalmer No. *285*

P. O. Address *Ault*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.