

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26961

BIRTH NO. --- REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 15

420

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

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Jefferson Twp</i>	
c. LENGTH OF STAY (If this place) <i>8 days</i>		d. STREET ADDRESS (If rural, give location) <i>R # 3 Windsor 0510</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>CARL</i> b. (Middle) <i>SYDES</i> c. (Last) <i>SYDES</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 18, 1954</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 15, 1883</i>
9. AGE (In years last birthday) <i>71</i>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>Henry County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Robert Sydes</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Ether Sydes</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Carl Sydes</i>		ADDRESS <i>R3 Windsor Mo</i>	
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) <i>Acute Lobar Pneumonia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>490x</i>	
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)			
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?			
22. I hereby certify that I attended the deceased from <i>Feb. 12, 1952</i> to <i>8-18, 1954</i> , that I last saw the deceased alive on <i>8-18, 1954</i> , and that death occurred at <i>10:00 am</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Claude M. Shurber, M.D.</i> (Degree or title)		23b. ADDRESS <i>Windsor Mo</i>	
23c. DATE SIGNED <i>8/19/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8-21-54</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Sardis</i>		24d. LOCATION (City, town, or county) (State) <i>Henry County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Aug 21 54</i>		REGISTRAR'S SIGNATURE <i>Florence Adams</i> 422	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Lurley Windsor, Mo.</i>		ADDRESS	

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.