

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18120

BIRTH NO. REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5320 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Palestine)		c. LENGTH OF STAY (in this place) 3 Years	c. CITY OR TOWN Boonville
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		STREET ADDRESS (If rural, give location)	
a. (First) Daniel	b. (Middle)	R. F. D. #1	

4. DATE OF DEATH (Month) (Day) (Year) June 25 1955						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1868	9. AGE (In years last birthday) 86	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State, or Foreign Country) Cedar Rapids, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel Syla.		13b. MOTHER'S MAIDEN NAME Frances Smahle		14. NAME OF HUSBAND OR WIFE Anna Maly Syla.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Daniel Syla, Boonville, 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) <i>Carcinoma of prostate</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c) <i>177X</i>	
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		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.) <i>R.F.D.</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Cooper, MO</i>	
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 *Feb*, 19*55*, to *June 25 1955*, that I last saw the deceased alive on *June 25, 1955*, and that death occurred at *1400* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hellie Mullett</i>		(Degree or title)		23b. ADDRESS <i>Boonville, Mo</i>		23c. DATE SIGNED <i>6-26-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30 1955		24c. NAME OF CEMETERY OR CREMATORY Mountain View		24d. LOCATION (City, town, or county) (State) Ronan, Montana	

DATE REC'D BY LOCAL REG <i>June 28 1955</i>		REGISTRAR'S SIGNATURE <i>Hellie Mullett</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Goodman &amp; Boller</i>		ADDRESS Boonville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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0482

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REC'D 28 1955

OCT 4 1957

JUL 2 1955

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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 *William W. Wood*

Licensed Embalmer No. 95

P. O. Address *Boonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

*William W. Wood*