No. 300
10.48

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

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29547

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WRIGHT MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GRUNDY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPICKARD
d. STREET ADDRESS (If rural, give location): 0400

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): C
c. (Last): SYKES

4. DATE OF DEATH (Month) (Day) (Year): AUG 22 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL-5-1886
9. AGE (In years last birthday): 69 — 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): FEED-PRODUCE STORE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALBERT SYKES
13b. MOTHER'S MAIDEN NAME: KATHERINE MOORE
14. NAME OF HUSBAND OR WIFE: ANNA MARY SYKES

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.: 488-14-6722
17. INFORMANT'S SIGNATURE OR NAME: ANNA MARY SYKES — ADDRESS: SPICKARD 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): Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 442X

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 ☐ 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* Apr 29, 1955, *to* Aug 22, 1955, *that I last saw the deceased alive on* Aug 22 1955 *and that death occurred at* 1 19 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. A. Duffy MD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: Aug 22 55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 24 1955
24c. NAME OF CEMETERY OR CREMATORY: MARTIN CEM.
24d. LOCATION (City, town, or county) (State): GRUNDY CO. MO.

DATE REC'D BY LOCAL REG.: Aug 24, 1955
REGISTRAR'S SIGNATURE: Irene Jain 115
25. FUNERAL DIRECTOR'S SIGNATURE: SCHOOLER FUNERAL HOME — ADDRESS: SPICKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1956

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

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

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