

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23101

State File No. _____

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4115 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>TRIPLETT</u>		c. CITY OR TOWN <u>BRUNSWICK</u>	
c. LENGTH OF STAY (in this place) <u>10 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>SYLER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 13 1956</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-8-1935</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DAY WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TRIPLETT MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>EARL SYLER</u>	13b. MOTHER'S MAIDEN NAME <u>BERTHA NICHOLSON</u>	14. NAME OF HUSBAND OR WIFE <u>EVELYN SYLER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>401-36-916</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EARL SYLER</u>	ADDRESS <u>TRIPLETT 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury</u>		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) <u>Automobile accident</u>		
	DUE TO (c) _____		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road N. of Chariton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tripletts Chariton MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 13 1956 9:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. D. Gault</u> (Degree or title) <u>County Registrar</u>	23b. ADDRESS <u>Raytown MO</u>	23c. DATE SIGNED <u>July 14 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>
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DATE REC'D BY LOCAL REG. <u>7-19-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bone</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Council</u>	ADDRESS <u>Brunswick MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

L. E. 125

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..... *L. W. Keiser*

Licensed Embalmer No. *82*

P. O. Address *Brunswick*

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.