

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH32169  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4304

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>OHIO</b> b. COUNTY <b>FULTON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>WAUSEON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) <b>HOSPITAL OR INSTITUTION 2800 ELMWOOD</b>			Length of stay in 1b <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>232 EAST ELM</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ALVERTUS</b> Middle <b>F</b> Last <b>SIDES</b>				4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>15</b> Year <b>1957</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV. 10, 1907</b>		9. AGE (In years last birthday) <b>49</b>	F 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) <b>PRODUCTION CONTROL</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING CO.</b>		11. BIRTHPLACE (City and state or country) <b>PERRYVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>MARION JESSE SIDES</b>			13b. MOTHER'S MAIDEN NAME <b>GRETTA CASHION</b>			14. NAME OF HUSBAND OR WIFE <b>ROWENA SIDES</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-03-2326</b>		17. INFORMANT Address <b>OHIO</b> <b>MRS. ROWENA SIDES, WAUSEON, OHIO</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Hypertension</b>							INTERVAL BETWEEN ONSET AND DEATH  <b>4200</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic heart disease</b>							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>D.W. Newcomer</b> (Degree or title) <b>3</b>				22b. ADDRESS <b>6627 Pleasant Hill</b>				22c. DATE SIGNED <b>9-15-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>SEPT. 16-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WAUSEON CEMETERY</b>			23d. LOCATION (City, town, or county) (State) <b>WAUSEON OHIO</b>			
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>			ADDRESS <b>1331 BARKS CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-16-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Geo. C. Kealhofer

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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 *Charles K Brown* .....

Licensed Embalmer No. *4931* ....  
P. O. Address *10 E 140* .....

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.