

Health, & Welfare Public Health Service  
 S. 300  
 1-56  
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40868  
 STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 155 Primary Registration District No. 4243 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NECK CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>NECK CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>OVER 50 YRS</b>	d. STREET ADDRESS <b>BOXHOLDER</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MILTON</b> Middle <b>SIDENSTRICKER</b> Last <b>SIDENSTRICKER</b>			4. DATE OF DEATH <b>UNKNOWN</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 6, 1875</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>CARROL COUNTY, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>ANSEL B. SIDENSTRICKER</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH YOUNG</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT Address <b>MRS CRYSTAL ALLEN, NECK CITY, MO.</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>UNKNOWN</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>WAS FOUND DEAD IN BED AT HOME</b> DUE TO (c) <b>BODY BADLY DECOMPOSED</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>BODY HAD BEEN DEAD APPROXIMATELY FIVE DAYS BEFORE FOUND. 7953</b>					
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 WORK <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 <b>DID NOT ATTEND.</b> to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>George Decker Sheriff, Carthage MO</b>				22c. DATE SIGNED <b>11-18-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/18/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PURCELL</b>	23d. LOCATION (City, town, or county) (State) <b>PURCELL MISSOURI</b>		
24. FUNERAL DIRECTOR ADDRESS <b>HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		

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 Not Embalmed Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Richard Gray Lee

Licensed Embalmer No. 440

P. O. Address Wolf City

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.