

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033891

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 228

5. 300
1-57

1. PLACE OF DEATH a. COUNTY St Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Troy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hosp.		Length of stay in lb 1 wk	d. STREET ADDRESS (If outside, give location) Sydnorville Dist.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Hammonds Last Sydnor			4. DATE OF DEATH Month Sept. Day 29 Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1915	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anodizing		10b. KIND OF BUSINESS OR INDUSTRY Aircraft Mfg.	11. BIRTHPLACE (City and state or country) Troy, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Sydnor		13b. MOTHER'S MAIDEN NAME Bena Hammonds		14. NAME OF HUSBAND OR WIFE Dorothy Mae Sydnor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 95-12-9065	17. INFORMANT Address Dorothy M. Sydnor Troy, Missouri.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease with old infarct				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Fractured humerus esp. due to injury		3 days	
		DUE TO (c) Sprain of neck		13 days	
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 checked="" 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.) Automobile accident			
20c. TIME OF INJURY Hour 7:00 Month, Day, Year Sept 16 1958					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION COUNTY STATE St Charles Mo	
21. I attended the deceased from Sept 16, 1958 to Sept 29, 1958 and last saw him alive on Sept 29, 1958 Death occurred at 11:55 AM DST m of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print name or title) Russell Linder MD			22b. ADDRESS St Charles, Mo		22c. DATE SIGNED Sept 29, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/1/58	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) (State) Troy, Missouri.
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home Troy, Mo		25. DATE RECD. BY LOCAL REG. Sept. 29. 58		26. REGISTRAR'S SIGNATURE Mareecee Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

No symptoms will be listed.

OCT 14 1958

MAY 1 1959

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, ~~OKK~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joseph J. Marsh*.....

Licensed Embalmer No....3932.....

P. O. Address...Troy, Missouri..

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.