

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-023671  
STATE FILE NUMBER

FILED VS JUN 17 1960

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 56

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <del>Knox</del> <b>Lafayette</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lexington</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Odessa 05402</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Memorial Hospt.</b>  |  | Length of stay in lb <b>2 14 Das.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>South 40th 1/2 mile</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Barton</b> Middle <b>Sydenstricker</b> Last   |  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>3</b> Year <b>1960</b>  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 16, 1886</b>   | 9. AGE (In years last birthday)<br><b>74</b>  | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>Edwin Hood</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Willie Etta Chinn</b>   |  | 14. NAME OF HUSBAND OR WIFE (deceased)<br><b>Clemens Sydenstricker</b>                            |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT<br><b>Mrs. Lawrence Kanoy, Concordia, Mo.</b>   |  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Complete Heart Block</b>   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>two months</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Hypertensive Heart disease</b>   | DUE TO (c) <b>443X</b>  |  | years -   |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <input type="checkbox"/> Month, Day, Year<br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>   |  |   |  |   |   |
| 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 <b>May 6 - 1960</b> <b>June 3, 1960</b> last saw her alive on <b>June 2 - 1960</b><br>Death occurred at <b>4:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |   |   |
| 22a. SIGNATURE<br><b>M. Kappeler, M.D.</b> (Degree or title)   |  |   | 22b. ADDRESS<br><b>Higginsville, Mo</b>  |   | 22c. DATE SIGNED<br><b>June 4-60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>June 5, 1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Odessa Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Odessa, Mo.</b>                               |   |
| 24. FUNERAL DIRECTOR<br><b>Husman-Sparks, Odessa, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-5-60</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Thomas S. Hart</b>   |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

JUN 24 1960

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 *William F. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Odesa, M*

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.