

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031690
STATE FILE NUMBER

Registered on **FILED AUG 23 1962** Primary Registration District No. **5667** Registrar's No. **117**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0570
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Length of stay in 1b DOA life		c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hosp. Lincoln Co. Memorial			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Cuivre Bedford Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Ina Middle Fay Last Marie Sydnor				4. DATE OF DEATH Month August Day 19 Year 1962							
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/2/1957		9. AGE (last birthday) 5		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Thomas C. Sydnor				13b. MOTHER'S MAIDEN NAME Alleyn Edwards				14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Thomas C. Sydnor - Wentzville, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Depressed Skull Fracture Rt Temporal										INTERVAL BETWEEN ONSET AND DEATH ???	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Struck by Truck											
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Child got out of truck, squatted by rear wheel. Mother did not know and started up and ran over child. Dual Wheels passed over head.							
20c. TIME OF INJURY Hour 7:30 a.m. p.m.		Month, Day, Year		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.) Hiway "N" St Chas. Co. Cuivre Twp.		20f. CITY, TOWN, OR LOCATION St Charles		COUNTY St Charles		STATE Mo.					
21. I attended the deceased from DOA to DOA and last saw her alive on 8/19/62 Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Joseph J. Marshall CORONER						22b. ADDRESS Troy, Missouri.			22c. DATE SIGNED 8/18/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/22/1962		23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery			23d. LOCATION (City, town, or county) Wentzville, Missouri			(State)	
24. FUNERAL DIRECTOR ADDRESS H. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.						25. DATE RECD. BY LOCAL REG. Aug 23. 1962		26. REGISTRARS SIGNATURE Charlotte Leek			

SEP 4 1962

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo.

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.