

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5582

STATE FILE NUMBER

FILED FEB 25 1957

Registration District No. **224**

Primary Registration District No. **3046**

Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Moniteau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California "Walker" Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hosp. Length of stay in lb 2 days				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau c. CITY OR TOWN California 0681 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First ALICE Middle MAE Last WOODBRIDGE				4. DATE OF DEATH Month Feb Day 13 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 6 1875		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY m.		11. BIRTHPLACE (City and state or country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Sybert				14. MOTHER'S MAIDEN NAME Catherine Shoom					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No		17. INFORMANT Address Miss Letha Sybert California 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) Cerebral Hemorrhage DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 20 YEARS	
19. WAS AUTOPSY PERFORMED? 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.) 2					
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 _____ August 1953 to February 13 1957 and last saw her alive on February 13 1957 death occurred at 6:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Lionel M. Gallagher M.D.				22b. ADDRESS California, Mo.				22c. DATE SIGNED 2-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-15-1957		23c. NAME OF CEMETERY OR CREMATORY Deaf Cemetery		23d. LOCATION (City, town, or county) (State) Moniteau County Mo			
24. FUNERAL DIRECTOR ADDRESS Hugh E. Williams California Mo				25. DATE REC'D. BY LOCAL REG. 2/16/57		26. REGISTRAR'S SIGNATURE H. L. Papey			

(Licensed Embalmer's Statement on Reverse Side)

I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 27 1957

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 *Hugh E. Williams*
Licensed Embalmer No. 38

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.