

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17071
8 17071
Registrar's No. 57

FILED JUN 10 1947

Registration District No. 110

Primary Registration District No. 4188

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LYDIA REBECCA SINDEN

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife Richard Sinden 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 23 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 8 - hr. - min.

9. Birthplace Marie County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Burnham

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Barnhart
(City, town, or county) (State or foreign country)

15. Birthplace Ozage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Sinden

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 6 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery - Owensville Mo.

18. (a) Signature of funeral director Richard W. Winder
(b) Address Owensville, Mo.

19. (a) 6-7-47 (b) North Hackman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from June 10 1945 to May 31 1947
that I last saw h. or alive on May 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of H. breast with metastases 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paula Bremer (M. D. of other) _____

Address Owensville, Mo. Date signed 6-2-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JAN 9 1948

District No. _____

District Health Officer No. _____

RECEIVED

JUN 18 1948

JAN 28 1948

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 Me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Michael H. Winter

Licensed Embalmer No. 3835

P. O. Address Owensville 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 this body is not embalmed, fact should be so stated above.