

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23221

State File No.

BIRTH NO: _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 28

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>St. Clair, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Sincov</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1950</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 27, 1870</u> | 9. AGE (In years last birthday) <u>79</u> | 10. F UNDER 1 YEAR Months <u>7</u> Days <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Rufus Mosley</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Mosley</u> | 14. NAME OF HUSBAND OR WIFE <u>William Sincov</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Richard C. Sincov</u> ADDRESS <u>St. Clair, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CEREBRAL VASCULAR DISEASE</u> DUE TO (c) <u>MALIG. HYPERTENSION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>8-10 yrs</u> <u>??</u> <u>3.31X</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
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22. I hereby certify that I attended the deceased from Jan, 1948, to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 1 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John F. Pearl, M.D.</u> (Name or title) | 23b. ADDRESS <u>ST. CLAIR, MO</u> | 23c. DATE SIGNED <u>7-11-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>July 12, 1950</u> | 24b. DATE <u>July 12, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-12-50</u> | REGISTRAR'S SIGNATURE <u>E. J. Worthington</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrill W. Mitchell</u> ADDRESS <u>St. Clair, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0360

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
Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St Clair 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.