

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8154**

FILED MAR 17 1952

BIRTH NO. **137** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3023** Registrar's No. **73**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Clinton Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 408 So Carter P 422	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Convalescent			

3. NAME OF DECEASED (Type or Print)	a. (First) Lena	b. (Middle) L	c. (Last) Sines	4. DATE OF DEATH (Month) (Day) (Year) Mar-3-52
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Refered	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 4 Days 22 Hours 22 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Sines	13b. MOTHER'S MAIDEN NAME Agnes Henry	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Bert Grosser	ADDRESS Clinton Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 d 3 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer breast DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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**, 1951, to **3-10**, 1952, that I last saw the deceased alive on **3-10**, 1952, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Walker M.D. (Degree or title)	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 3-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY Weywood	24d. LOCATION (City, town, or county) (State) Clinton Mo
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DATE REC'D BY LOCAL REG. Mar-11-52	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE H. W. Wilkerson	ADDRESS
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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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.