

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4534

State File No.

FILED MAR 14 1956

0.300
0.48

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

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5530</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mound City (rural Benton Twp passing by)</u>		c. LENGTH OF STAY (in this place) <u>passing</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Inez</u> c. (Last) <u>Sinclair</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec. 14, 1906</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Forest City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Sinclair</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Bledsoe</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-14-5009</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Galen Sinclair Forest City, Mo.</u>			
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>UNKNOWN FRACTURE DISTAL RIBS INJURIES.</u> INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NONE.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT CAR ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 1/2 mi. S. of Mound City, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MOUND CITY, HOLT, MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 - 2 - 56 9:30 P</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CARS SIDESWIPED.</u>					
22. I hereby certify that I attended the deceased from <u>9:00</u> , 19 <u>56</u> , to <u>NO.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>N.A.</u> , 19 <u>56</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. N. C. Collier D.O. CORNER HOLT CO. OREGON, MO.</u>				23b. ADDRESS		23c. DATE SIGNED <u>3/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-6-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>MOUND CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/5/56</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James K. Pitts</u>		ADDRESS <u>Oregon, Mo.</u>	

SEP 26 1956

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

James N. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.