

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5316**

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Little Blue		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) 601 Frondson Rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Lee Emory Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) T.	c. (Last) Sinnott	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1956
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5. SEX Female	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown Unknown	9. AGE (In years last birthday) Unknown	IF UNDER 1 YEAR Months Unknown	IF UNDER 1 HR. Hours Unknown	IF UNDER 15 MIN. Min. Unknown
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Brunswick Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Wanger	13b. MOTHER'S MAIDEN NAME Elizabeth Apple	14. NAME OF HUSBAND OR WIFE David T. Sinnott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None	16. SOCIAL SECURITY NO. (If none, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Miss Catherine Exp. KC Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Akintility		
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	20. AUTOPSY? 4201 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 _____, 19____, to **2-13**, 19**56**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:15** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip James M.D.	23b. ADDRESS Keosauqua, Mo.	23c. DATE SIGNED 2-13-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/16/56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Independence Mo
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DATE REC'D BY LOCAL REG. 2-15-1956	REGISTRAR'S SIGNATURE N.B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Kecklar & Sons, Independence Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FEB 28 1958

MAR 16 1958

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 Tom D. Mabland

Licensed Embalmer No. 4592

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.