

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24489

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Big Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIRESTON 1003</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>PROSPERITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BILLY</u> b. (Middle) <u>GEAN</u> c. (Last) <u>SINCLAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-56</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>JAN 31 1927</u>		9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSECT EXTERMINATING</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>KENNETT MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>JEFF D. SINCLAIR</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KAISER</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>454-34-0741</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jeff D. Sinclair - Sireston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot in right chest with shot</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Gun. By Charlie Mainard</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 28 - 56 3:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot with shot gun</u>	

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. H. Hedges</u>		23b. ADDRESS <u>Carroll New Madrid Mo.</u>		23c. DATE SIGNED <u>8/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
		24d. LOCATION (City, town, or county) <u>SIRESTON</u>		(State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>7/3/56</u>		REGISTRAR'S SIGNATURE <u>L. H. Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home - Sireston Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1956

DATE RECEIVED AUG 6 1956
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Tommy H. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid,

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.