No. 300
10.48

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

FILED OCT 16 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35163

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 352

**1. PLACE OF DEATH**
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place) 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN Elvins
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) c. (Last) Sinclum
4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 3, 1899
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 1 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Madison Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Sinclum
13b. MOTHER'S MAIDEN NAME Ona Graham
14. NAME OF ~~HUSBAND~~ OR WIFE Bertha Sinclum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-05-4379
17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Sinclum ADDRESS Elvins, Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of lung — months

DUE TO (c) with Metastasis to Spine — months

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 163X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/15, 1956, *to* 10/5, 1956, *that I last saw the deceased alive on* 10/4, 1956 *and that death occurred at* 7:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Jones (Degree or title) MD
23b. ADDRESS Flat River, Mo
23c. DATE SIGNED 10/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 7, 1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Layne Cem.
24d. LOCATION (City, town, or county) (State) Near Elvins, Mo.

DATE REC'D BY LOCAL REG. Oct. 8, 1956
REGISTRAR'S SIGNATURE Esther Sindlaff
25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell & Sons
ADDRESS Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No 2531

P. O. Address Flat Rock

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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