

Health, Welfare, Public Service

300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006406

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Macon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan</u> Length of stay in lb <u>2 Days.</u>		d. STREET ADDRESS (If outside, give location) <u>314 N. Kubey</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Sinclair</u> Last <u>Sinclair</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>19</u> Year <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 28, 1868</u> 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Trade</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) Months <u>1</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Pittsburg Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert J. Sinclair</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Long</u>	
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>no.</u>	17. INFORMANT <u>Harry Sinclair</u> Address <u>Macon, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries due to fall. Head injuries & internal injuries not determined.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>36 hr.</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell down flight of steps.</u>	
20c. TIME OF INJURY Hour <u>7</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>Feb 17, 1958</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Macon</u> COUNTY <u>Macon</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>Feb 17, 1958</u> , to <u>Feb 19, 1958</u> and last saw ^{hear} _{him} alive on <u>Feb 19, 1958</u> Death occurred at <u>10:20 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Howard Owen Nite</u>		22b. ADDRESS <u>Macon</u>	22c. DATE SIGNED <u>2/21/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 22, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>
24. FUNERAL DIRECTOR <u>Lester Hutton</u> ADDRESS <u>Macon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/22/58</u>	26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>

County File No. 4.00
Date Filed 2.26.58

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.....
Signature of Student Embalmer

Signed..... *Charles L. DeWitt*

Licensed Embalmer No. 45

P. O. Address *Macou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.