Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017045
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. 59 Primary Registration District No. Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN Belton (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION 222 2nd St Length of stay in Hospital 2½ yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Belton Inside Limits Yes X No
d. STREET ADDRESS 222 2nd St. (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First MAB EL Middle BERTHA Last SINCLAIR

4. DATE OF DEATH Month May Day 28 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH May 26, 1908
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Springfield, Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert B. Ames
13b. MOTHER'S MAIDEN NAME Abbie I Hendrick
14. NAME OF HUSBAND OR WIFE Hugh J. Sinclair

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. none
17. INFORMANT Hugh J. Sinclair Address Belton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bacteremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) acute Pan Carditis

DUE TO (c) Endocarditis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4214

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952, to 5-28-59 and last saw her alive on 5-22-59
Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. McKee D.O. (Degree or title)
22b. ADDRESS Belton, Mo.
22c. DATE SIGNED 5-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/1/1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Enid, Oklahoma

24. FUNERAL DIRECTOR E. K. George & Sons, Inc ADDRESS Belton, Mo.
25. DATE RECD. BY LOCAL REG. 6-5-1959
26. REGISTRAR'S SIGNATURE Mrs Ray Debree

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 7 1959

CASS COUNTY
HEALTH DEPARTMENT

VS SEP 1 6 1959

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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