

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001449

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 5

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Iron</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Reynolds</u>
Length of stay in 1b <u>8 days</u>		c. CITY OR TOWN <u>Lesterville</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>St. Mary's of the Ozarks</u>		d. STREET ADDRESS (If outside, give location) <u>general delivery</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>THOMAS</u>	Middle <u>HUEY</u>	Last <u>SENCIBAUGH</u>	4. DATE OF DEATH	Month <u>January</u>	Day <u>6,</u>	Year <u>1962</u>
-------------------------------------	------------------------	-----------------------	---------------------------	------------------	-------------------------	------------------	---------------------

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/1891</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	Hours	Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Lesterville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>James Sencibaugh</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Jamison Sencibaugh</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>	16. SOCIAL SECURITY NO. <u>WWI</u>	17. INFORMANT <u>John Sencibaugh Sr., Lesterville, Mo.</u>	Address
--	---------------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach -</u>		<u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>Metastatic Ca. to LIVER - PANCREAS - ?</u>		<u>?</u>
DUE TO (c) <u>MESENTERY</u>		<u>?</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)
--	---	--

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 12-21-61 to 1-6-62 and last saw ^{her}him alive on 1-6-62
Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Reynolds, Mo.</u>	22c. DATE SIGNED
--------------------------------------	----------------------------------	--------------------------------------	------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1/9/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rayfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lesterville, Mo.</u>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton, Mo.</u> <u>Amiel S. White</u>	25. DATE RECD. BY LOCAL REG. <u>1-7-62</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Aris Jones</u>
--	---	--

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JAN 23 1962

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 *Annel White*

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.