

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048120
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 27 1962

316

Primary Registration District No. _____

Registrar's No. 532

VS 300
Rev. 4/59

1 0940
2 0940²

3
4 0
5 1
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7 0
8 2
9 4500

10
11
12 86-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BISMARCK		Length of stay in 1b years	c. CITY OR TOWN BISMARCK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BISMARCK
3. NAME OF DECEASED (Type or print) First Middle Last MONT LEE SINCLAIR		4. DATE OF DEATH Month Day Year Dec 22, 1962	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1890
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Caledonia, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Luther Sinclair	
13b. MOTHER'S MAIDEN NAME Tina Lucas		14. NAME OF HUSBAND OR WIFE DORA SINCLAIR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Dora Sinclair - Bismarck, MO
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) Congestive Circulatory Failure			hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Decompensated Heart Disease			years
DUE TO (c) Arteriosclerosis			years
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 checked="" 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 Feb. 7, 1959 to Dec 22, 1962 and last saw him <input checked="" type="checkbox"/> alive on Dec. 18, 1962		Death occurred at 12:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M. M. Beck		22b. ADDRESS DO. BISMARCK, MO	22c. DATE SIGNED 12-22-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-26-62	23c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem. Caledonia, MO.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Shipman Sons Bismarck, MO.		25. DATE RECD. BY LOCAL REG. Dec. 23, 1962	26. REGISTRAR'S SIGNATURE Esther Rudloff

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 J. Jimmy Shipman, Student Embalmer No. 664

working under my personal supervision.

Student J. Jimmy Shipman
Signature of Student Embalmer

Signed J. Jimmy Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.