

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11928**

BIRTH NO. 255		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 128			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0104			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) 314 Christian College Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT			b. (Middle) SINCLAIR			c. (Last)			
4. DATE OF DEATH April 22, 1950			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		
8. DATE OF BIRTH April 22, 1950		9. AGE (In years last birthday) 18		IF UNDER 1 YEAR Months 18 Days		IF UNDER 24 HRS. Hours 18 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Oral Sinclair			13b. MOTHER'S MAIDEN NAME Alvenia Finn			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Oral Sinclair, Columbia, Mo.			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital aortic stenosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primaturity DUE TO (c) cause unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH long gestation 7625	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Apr. 22, 1950 , to Apr. 22, 1950 , that I last saw the deceased alive on Apr. 22, 1950 , and that death occurred at 9 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE James M. Baker			23b. ADDRESS Columbia, Mo.			23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		24d. LOCATION (City, town, or county) Virginia, Illinois.			
DATE REC'D BY LOCAL REG. May 1 1950		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parsons		ADDRESS Columbia Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number.....

District Health Officer No. 9

RECEIVED
MAY 9 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... Tom M. Harg

Licensed Embalmer No. 2067

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.