

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15356

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevasada</u>		c. CITY OR TOWN <u>Nevasada</u> 1082	
c. LENGTH OF STAY (in this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>322 N. Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 N. Cedar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene C</u> b. (Middle) <u>Sink</u> c. (Last) <u>Sink</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. <del>WIDOWED, DIVORCED, SEPARATED</del> (Specify) <u>W</u>	8. DATE OF BIRTH <u>May 10 1875</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Green Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John R. Sink</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gray</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rita Webster</u> ADDRESS <u>2nd East Han</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>2 yrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Hypertension</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Hip</u> <u>Fell on floor bedroom.</u>			<u>2 mos</u>
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevasada Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on bedroom floor.</u>	
22. I hereby certify that I attended the deceased from <u>Mar 1, 1951</u> , to <u>Apr 9, 1951</u> , that I last saw the deceased alive on <u>Apr 9, 1951</u> , and that death occurred at <u>1 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Newlon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevasada Mo</u>	23c. DATE SIGNED <u>4/16-51</u>
24a. BURIAL (Specify) <u>✓</u>	24b. DATE <u>April 16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wassapee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Calamus Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-17-1951</u>	REGISTRAR'S SIGNATURE <u>Anna E. Hervey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. B. Fern</u>	ADDRESS <u>Nevasada</u>

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

087

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 23 1951

Dist. File 457-864

Date Filed 4-23-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*T. B. Keen*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.