No. 300
10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13614

BIRTH NO. 22728 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 34

0670

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural)
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural) 0670
d. STREET ADDRESS (If rural, give location): Route 3 0

3. NAME OF DECEASED (Type or Print)
a. (First) Opal Ophie
b. (Middle) Lee
c. (Last) Sinks

4. DATE OF DEATH (Month) (Day) (Year): April 16,1952

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ---------- 0
8. DATE OF BIRTH: April 11,1952
9. AGE (In years last birthday): ---
IF UNDER 1 YEAR: Months -- Days 5
IF UNDER 24 HRS.: Hours 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): Charleston, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Sinks
13b. MOTHER'S MAIDEN NAME: Myretta Clark
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 ADDRESS: James Sinks, R.3, Box 247, Charleston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Premature birth
DUE TO (c): (was one of twins born prematurely and weighed only 3 lbs. at death)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7725
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1952, *to* April 16, 1952, *that I last saw the deceased alive on* April 16, 1952, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Millie Davis Midwife 4
23b. ADDRESS: 517 S.Locust St., Charleston, Mo.
23c. DATE SIGNED: 4/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 6
24b. DATE: April 17,1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: April 23, 1952
REGISTRAR'S SIGNATURE: Mr. Ann Setzer Roach 473-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. J. Sparks Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 25 REC'D

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed MAY 5 1952

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

I

working under my personal supervision.

Student Embalmer No.

Signed

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address

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.