

STANDARD CERTIFICATE OF DEATH

State File No. 15673

MAY 31 1952

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 560	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3138			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 800 Independence Ave.			
3. NAME OF DECEASED (Type or Print) ALTA		a. (First)		b. (Middle) BLANCHE		c. (Last) SINNARD	
4. DATE OF DEATH 5 23 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8- -1902		9. AGE (In years at birthday) 49	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles F. Middaugh		13b. MOTHER'S MAIDEN NAME Roxie Olive Cranmer		14. NAME OF HUSBAND OR WIFE Roy Ray Sinnard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cloyd Middaugh, 606 Harmon St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myelogenous Leukemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 5 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2041				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 May 13, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 8:30A m., from the causes and on the date stated above.							
23a. SIGNATURE Clara H. Higgins MD				23b. ADDRESS 1302 Faxon St. St. Joseph, Mo.		23c. DATE SIGNED 5-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-26-1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. MAY 28, 1952		REGISTRAR'S SIGNATURE Carl C. Casey		25. FUNERAL DIRECTOR'S SIGNATURE John E. Krupp		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John E. Rupp
.....
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.