

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Jackson Twp	
c. LENGTH OF STAY (in this place) 8 hrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sull. Co Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Larayette b. (Middle) Neal c. (Last) Sinclair			4. DATE OF DEATH (Month) (Day) (Year) 7 - 21 - 53			
5. SEX 0	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-7-1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months 3 Days 12	IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pollack - Mo		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME David Sinclair		13b. MOTHER'S MAIDEN NAME Anne Yardley		14. NAME OF HUSBAND OR WIFE Matilda Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Matilda Sinclair ADDRESS Pollack - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung		INTERVAL BETWEEN ONSET AND DEATH 7 months	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular - Heart failure			2 months
	DUE TO (c) Malnutrition			9 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged prostate gland				

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) m.		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 **July 18, 1953** to **July 21, 1953**, that I last saw the deceased alive on **July 21, 1953** and that death occurred at **12:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph S. McGill M.D.		23b. ADDRESS Milan, Mo.		23c. DATE SIGNED 7/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-26-53		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cems.	
24d. LOCATION (City, town, or county) (State) Milan Mo					

DATE REC'D BY LOCAL REG. July 24-1953		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Schoenig ADDRESS Milan Mo.	
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dwight Schwane

Licensed Embalmer No. 2667

P. O. Address Milam - 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.