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FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

36582

BIRTH NO. 71949 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5287 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston (Rural)</u> <u>0670</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Box 246</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3, Box 246</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u> b. (Middle) <u>Ann</u> c. (Last) <u>Sinks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1953</u>		
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Sept. 29, 1953</u>		9. AGE (In years last birthday) <u>0</u> <u>3</u>		IF UNDER 1 YEAR Hours <u>0</u> Mins. <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Charleston, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Sinks</u>		13b. MOTHER'S MAIDEN NAME <u>Maretta Clark</u>		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. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Sinks, R.3, Charleston, Mo.</u> ADDRESS	

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>Pneumonia</u>					<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, 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)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<u>Had congenital anomaly + gross defect of internal anatomy</u>			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7630</u>			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 Sept 29 1953, to 10/2/53, that I last saw the deceased alive on 10/2, 1953, and that death occurred at 3:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>10/3/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-28-53</u>		REGISTRAR'S SIGNATURE <u>Jean Stearns 489</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Spark</u> ADDRESS <u>Charleston, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 30 REC'D

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed OCT 30

**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

*Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address. Cape Girardeau

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.