

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34644**

FILED OCT 21 1954

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (in this place) 16 days		c. CITY OR TOWN Lineville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital				STREET ADDRESS (If rural, give location) Grand River Twp. 8140 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Glen		b. (Middle) Oscar		c. (Last) Sinclair	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept. 27, 1954		9. AGE (in years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 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 Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Sinclair		13b. MOTHER'S MAIDEN NAME Sarah Breese		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME <i>George Sinclair</i> ADDRESS Lineville Ia.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosiss 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 9-15-54 to 9-27-54 Unknown	
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) (Min.)		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 <u>9-16-54</u> , 19 <u>54</u> , to <u>9-27-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-27-1954</u> , and that death occurred at <u>8:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Frank H. Zahert</i> (Degree or title) MD				23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 10-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Lineville Iowa	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>10-13-54</i>		REGISTRAR'S SIGNATURE <i>393</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Conrad L. Shuler</i>		ADDRESS Lineville Iowa.	

(Licensed Embalmer's Statement on Reverse Side)

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

2064 9 23

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
Signature of Student Embalmer

Signed *James L. Guendler*

Licensed Embalmer No. *396*

P. O. Address *Linnville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.