

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 111-25763

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Warrenton</u>		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 <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Southeast of Warrenton</u>			
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First)		b. (Middle) <u>Henry</u>		c. (Last) <u>Sinklear</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Mar. 22, 1873</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Sinklear</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Benn</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Albert Thee R.R.#3 Warrenton, Mo</u>			
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chs. Cardio-Vascular Dis.</u> DUE TO (c) <u>Interochasteric Fr. of Femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensibility 9040</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>8-16-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Interochasteric Fr. of femur - pinned</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Warrenton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 14 55 PM</u>		21e. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down</u>			
22. I hereby certify that I attended the deceased from <u>8-1-55</u> , to <u>8-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>55</u> , and that death occurred at <u>10 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Ebermann M.D.</u>				(Degree or title)		23b. ADDRESS <u>Warrenton Mo</u>	
23c. DATE SIGNED <u>8-20-55</u>		23d. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/22/55</u>		REGISTRAR'S SIGNATURE <u>F. W. Nieburg</u>		25. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>	

(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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Hieburg*.....
Licensed Embalmer No... 38

P. O. Address *Warrenton*

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.