

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28899

50.5 State File No. 3003- Registrar's No. 112

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003- Registrar's No. 112

| | | | |
|--|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Monett | | c. CITY OR TOWN Monett | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 0 | | e. STREET ADDRESS (If rural, give location) 513 8th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 Mile East of Monett, Mo. | | e. STREET ADDRESS (If rural, give location) 513 8th St. | |
| 3. NAME OF DECEASED a. (First) HARRY | | b. (Middle) SINK | |
| c. (Last) SINK | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 8, 1891 |
| 9. AGE (In years last birthday) 63 | | 10. MONTHS 9 | 11. BIRTHPLACE (City and State or Foreign Country) LaCygne, Kan. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Marion W. Sink | | 13b. MOTHER'S MAIDEN NAME Etta, unknown | |
| 14. NAME OF HUSBAND OR WIFE Alice Sink | | 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. 59-01-4954 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Sink | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | 19. ADDRESS Monett, Mo. | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Subdural & Subarachnoid hemorrhage, left. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma - DUE TO (c) | | MEDICAL CERTIFICATION | |
| 2. OTHER SIGNIFICANT CONDITIONS Depressed Fr. Left Parietal Bone Fr. Frontal Bone | | INTERVAL BETWEEN ONSET AND DEATH 24-48 hrs? 29-48 hrs? 24-48 hrs? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION E9369 46 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. SUICIDE (Specify) Not known | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Not known | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Not known | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Date Unknown | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? Struck on head by blunt object | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE F. L. Edwards MD (Degree or title) | | 23b. ADDRESS Monett, Mo | |
| 23c. DATE SIGNED 9-9-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 9/8/55 | | 24c. NAME OF CEMETERY OR CREMATORY Pierce City | |
| 24d. LOCATION (City, town, or county) Pierce City, Mo. | | 24e. (State) | |
| DATE REC'D BY LOCAL REG. 9-9-55 | | REGISTRAR'S SIGNATURE Mrs. P. N. Cook | |
| 513 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. P. Buchanan Monett, Mo. | |

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 955-334

DATE REC. 9-18-55

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

J. A. Budman

Licensed Embalmer No. 314

P. O. Address Monticello

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.