

STANDARD CERTIFICATE OF DEATH

State File No. **9205**

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. LENGTH OF STAY (If in place) 1 day	c. CITY OR TOWN Memphis
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Annie		a. (First) _____ b. (Middle) _____ c. (Last) Sinamaker	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1957

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Brenan Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Ehringer	13b. MOTHER'S MAIDEN NAME Annie Hennis	14. NAME OF HUSBAND OR WIFE John Sinamaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Russell		ADDRESS Memphis, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure (Pericardial Tamponade)		5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pericarditis with Effusion		
DUE TO (c) Lobar Pneumonia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	490X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (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 March 18, 1957, to March 19, 1957, that I last saw the deceased alive on March 19, 1957, and that death occurred at 12:25 Am., from the causes and on the date stated above.

23a. SIGNATURE C. H. Gibson, D.O.	(Degree or title) D.O.	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED 3-20-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Memphis	24d. LOCATION (City, town, or county) (State) Memphis, Missouri

DATE REC'D BY LOCAL REG. Mar. 21-57	REGISTRAR'S SIGNATURE Helle A. Hamolt	25. FUNERAL DIRECTOR'S SIGNATURE Yertta Basket	ADDRESS Memphis 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.....
Signature of Student Embalmer

Signed..... *Albert C Genth*

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.