

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 24 1959

59-040978
 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>203a So. Main St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>R.</u> Last <u>Sink</u>				4. DATE OF DEATH Month <u>11</u> Day <u>10</u> Year <u>1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/13/1891</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer-Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Roodhouse, Ill.</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John V. Sink</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Rousey</u>				14. NAME OF HUSBAND OR WIFE <u>- - -</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.				17. INFORMANT <u>Mrs. Sophia Johnson, 203a S. Main</u>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Street accident Lac scalp</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Lac scalp etc -</u> DUE TO (c) <u>Chronic alcoholism</u>										Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 da.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>(c)</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell on street - Lac, scalp</u>											
20c. TIME OF INJURY <u>9:30 a.m. 11-8-59</u>															
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>				20f. CITY, TOWN, OR LOCATION <u>Hannibal</u>		COUNTY <u>Marion</u>		STATE <u>Mo</u>					
21. I attended the deceased from <u>9:30 am 11-8-59</u> and last saw him alive on <u>11-9-59</u> Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Jeff M. Desty</u> (Degree or title)						22b. ADDRESS <u>Hannibal Mo</u>				22c. DATE SIGNED <u>11-10-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/12/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Firmwood Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Roodhouse, Ill.</u>							
24. FUNERAL DIRECTOR <u>H.M.O'Donnell, Hannibal, Mo.</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>11/12/59</u>		26. REGISTRAR'S SIGNATURE <u>E.M. Lucke</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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.