

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001889

EILEAY - JAN 25 1960

Registration District No. 149 Primary Registration District No. 1021 Registrar's No. 216 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 56yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL		d. STREET ADDRESS (if outside, give location) 2424 WOODLAND	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEONA SINCLAIR			4. DATE OF DEATH Month Day Year JANUARY 9. 1960
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-18-1888
		9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 3 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Speed, Mo.
10c. CITIZEN OF WHAT COUNTRY U.S.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Arthur Baskett		13b. MOTHER'S MAIDEN NAME Annie Wise	14. NAME OF HUSBAND OR WIFE Wayman Sinclair
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. 499-14-2872	17. INFORMANT Address DORCAS JONES, daughter 3909 College KCMO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the gallbladder with metastasis to the liver, peripancreatic & periaortic lymph nodes. DUE TO (b) nodes. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis & cholelithiasis with abscess to the left lobe of the liver.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 12-7-59 to 1-9-1960 and last saw her alive on 1-9-1960		Death occurred at 6:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Bruce P. Mc Donald M.D.		22b. ADDRESS 2604 Prospect K.C. Mo. 2601 Proc	22c. DATE SIGNED 1-12-60
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE 1-15-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	23d. LOCATION (City, town, or county) Kansas City Kansas (State)
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fu. Home 18th Benton		25. DATE RECD. BY LOCAL REG. 1-13-60	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT

BY AFFIDAVIT OF Bruce P. Mc Donald, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1400 Benton

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.