

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022012

FILED VS MAY 19 1960

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 123

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. DeltaComm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 643 East Kathleen			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First TRUMAN Middle BURL Last SINUARD				4. DATE OF DEATH Month 5 Day 7 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/6/1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 4 Day 1	IF UNDER 24 HR Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Shoe Company		11. BIRTHPLACE (City and state or country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jack Sinuard			13b. MOTHER'S MAIDEN NAME Anna Campbell			14. NAME OF HUSBAND OR WIFE Elsie Patton	
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. 498-09-8604		17. INFORMANT Address Elsie Sinuard, Sikeston, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) occlusion of femoral artery, etc							INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease				?	
		DUE TO (c) Gen. arteriosclerosis				?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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 _____ a.m. _____ p.m.	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 April 20, 1960 to May 7, 1960 and last saw ^{her} him alive on May 7, 1960 Death occurred at 4:18 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED May 9, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/11/1960	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) Sikeston, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. 5-12-'60		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter		

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

Student _____
Signature of Student Embalmer

Signed Raymond L. Du

Licensed Embalmer No. 47 98

P. O. Address Denise M

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.