SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014557
STATE FILE NUMBER

AMENDED

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 9

FILED MAY 11 1961

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid Twsp. | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. northwest of Kewanee | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Kewanee | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles northwest of Kewanee | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Branda Middle Jay Last Sinclair
4. DATE OF DEATH Month April Day 30 Year 1961
5. SEX Female
6. COLOR OR RACE Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-8-1958
9. AGE (last birthday) 2 | IF UNDER 1 YEAR Months 7 Days 22 | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kewanee, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Woodrow Sinclair
13b. MOTHER'S MAIDEN NAME Lorene McKinney
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Lorene Sinclair- Address Matthews, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilat Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe Cold.
DUE TO (c) Exposure to weather
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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, to April 30 61 and last saw her/him alive on Mch 28-61
Death occurred at 3:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. B. Chandler (Degree or title) MD
22b. ADDRESS New Madrid Mo
22c. DATE SIGNED 5-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-1-61
23c. NAME OF CEMETERY OR CREMATORY Sandhill Cem.
23d. LOCATION (City, town, or county) New Madrid, Mo. (State)

24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. May 4, 1961
26. REGISTRAR'S SIGNATURE Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.