

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002617

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 231 Primary Registration District No. 5812 Registrar's No.

FILED JAN 24 1963

VS 300
Rev. 4/59

10700
20700

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montg.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Prairie</u>		Length of stay in 1b	c. CITY OR TOWN <u>Middletown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. S.E</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALMA HARRIET SINKLEAR</u>		4. DATE OF DEATH Month Day Year <u>Jan. 20 1963</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/17/07</u>
9. AGE (last birthday) <u>55 yrs.</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Calhoun Ill.</u>
13a. FATHER'S NAME <u>D. Poor</u>		13b. MOTHER'S MAIDEN NAME <u>Geneva Inlow</u>	14. NAME OF HUSBAND OR WIFE <u>William A. Sinklear</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. <u> </u>	17. INFORMANT <u>Wm. Sinklear, MIDDLETOWN Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> 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)		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 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.P. Rodgers</u>		22b. ADDRESS <u>Corner Montgomery City</u>	22c. DATE SIGNED <u>1/20/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/23/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leimont</u>	23d. LOCATION (City, town, or county) <u>Middletown Mo.</u>
24. FUNERAL DIRECTOR <u>Pritchett + Myers, Middletown Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 26-63</u>	26. REGISTRAR'S SIGNATURE <u>Leah Rize</u>

