

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26742

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>0470</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia Twp.</u> <u>STAY in this place</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia Township</u> <u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Hogan</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles west of Hogan</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>CORNELIA</u> c. (Last) <u>PINKLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21 1951</u>
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 15 1866</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Green Pratt</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Heins</u>	14. NAME OF HUSBAND OR WIFE <u>John Pinkley</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Orr, Glover Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Severe attack Entertis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 15, 1951</u> , to <u>Aug 21, 1951</u> , that I last saw the deceased alive on <u>Aug 16, 1951</u> , and that death occurred at <u>7:15 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Fitzpatrick M.D.</u>		23b. ADDRESS <u>Dexter ville Mo.</u>	23c. DATE SIGNED <u>8/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Glover Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-25-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ariz Jones</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u> <u>Archie White</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 27 1951

DISTRICT HEALTH OFFICE No: 6

File No.....

FEB 8 1953

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
Student Embalmer

Signed *Arnel J. White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Smilow Inc*.....

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 this body is not embalmed, fact should be so stated above.