

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15896
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 742
 (b) Township Walk Primary Registration District No. 59770 Registered No. _____
 (c) City Edwards MO (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 59 to Mikeel Pinker
 (a) Residence, No. _____ St. Cameron Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>78</u>	<u>3</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 8 years ago

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER

13. NAME Thomas Pinker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Kezia Handland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Multer Bush

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburgh DATE 4-3-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe W. Morrow Lawton Mo.

20. FILED Apr 3 1940 Edwin S. House Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1940

22. I HEREBY CERTIFY, that I attended deceased from March 1 1940 to April 1 1940
 I last saw him alive on March 27 1940. Death is said to have occurred on the date stated above, at 1:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Pyloric end of Stomach with generalized carcinomatous. Date of onset _____

Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Oliver Buehner M. D.
Lawson Mo. (Address)

NOV 10 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/10/41

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 _____

Registered Apprentice, No. _____, working under my personal supervision.

Signed S. Hockensmith
Licensed Embalmer No. 3597
P. O. Address Galien Springs, 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 this body is not embalmed, above space should be left blank.