

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 13 1943  
Registration District No. 933

Primary Registration District No. 3022

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(c) Name of hospital or institution: Bethany Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sylvester Pinehart  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Addie Pinehart 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 10 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrison County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
12. Name Valentine Pinehart  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Ennis  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Addie Pinehart  
(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery  
18. (a) Signature of funeral director Joe E. Wheeler  
(b) Address Bethany Mo

19. (a) 10-13-43 (Date received local registrar) (b) Zola M Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
(c) City or town Bethany  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1943 hour 6:15 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from 10-4-42 to 10-8-42, 19\_\_\_\_; that I last saw him alive on 10-8-42, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
Due to Accident and senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident #41  
(b) Date of occurrence 10-4-42  
(c) Where did injury occur? Bethany Harrison Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road  
While at work? No (Specify type of place) (e) Means of injury Hit by car  
23. Signature A. R. Lydden (M. D., coroner)  
Address Bethany, Mo Date signed 10-13-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

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.

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**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.....

Licensed Embalmer No. 3512

P. O. Address Bethany 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.**