

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5616

FILED MAR 12 1951

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 24

810

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - <u>Arlington</u>		c. LENGTH OF STAY (in this place) 2 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Dixon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>B150</u> OR TOWN <u>Olatha</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>	
c. (Last) <u>Pinkard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>(2) Feb. 25, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/26/1855</u>
9. AGE (In years last birthday) <u>95</u>		10. DATE OF BIRTH (If UNDER 1 YEAR Months) (If UNDER 28 HOURS Days) (If UNDER 28 HOURS Min.) <u>1 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Youngkane Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Park</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martin Wilson, Dixon, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility without dementia</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic & Cardiac asthma</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
III. OTHER SIGNIFICANT CONDITIONS		<u>Exposure of trip to Mo.</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 _____, 19____, to <u>Feb. 22, 1951</u> , that I last saw the deceased alive on <u>2/22, 1951</u> , and that death occurred at <u>3:20 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. Milligan</u>		23b. ADDRESS <u>Dixon, Mo.</u>	
23c. DATE SIGNED <u>2/28/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/28/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-28-51</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> 380	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>		ADDRESS <u>Dixon, Missouri</u>	

RECEIVED
Phelps County Health Officer,
County File Number 412
Date Filed March 7, 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Maurice E. Scherbaum

Licensed Embalmer No. 4525

P. O. Address Dixon, Missouri

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.