No. 300
10.48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8283

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 31

0470
1

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

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Graniteville
c. LENGTH OF STAY (in this place) 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Graniteville 0470 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) ARMINDA c. (Last) CARTY

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1951

5. SEX fem 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 22 1879
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Reynolds Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME William Pinkley
13b. MOTHER'S MAIDEN NAME Lucinda Rich
14. NAME OF HUSBAND OR WIFE Marion Carty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed. Keenan, Graniteville Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Double Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 19 Dys

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Influenza — 57 Dys
DUE TO (c) Cold

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none — 480 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feby 28, 1957, *to* Mch 18, 1957, *that I last saw the deceased alive on* Mch 16, 1957, *and that death occurred at* 9.50A *m., from the causes and on the date stated above.*

23a. SIGNATURE F. H. Gale MK D (Degree or title)
23b. ADDRESS Bismarck Mo
23c. DATE SIGNED 3/19-57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0
24b. DATE 3-20-51
24c. NAME OF CEMETERY OR CREMATORY Graniteville Cem.
24d. LOCATION (City, town, or county) Graniteville Mo. (State)

DATE REC'D BY LOCAL REG. Mar 20 1951
REGISTRAR'S SIGNATURE Mrs Elizabeth Logan 129 0
25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

MAR 29 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Aurel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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, fact should be so stated above.