

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17310

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) Hannibal c. LENGTH OF STAY (In this place) 6 weeks

c. CITY (If outside corporate limits, write RURAL and give township) Palmyra 1640

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital d. STREET ADDRESS (If rural, give location) 932 N. Spring 1

3. NAME OF DECEASED a. (First) Ralph b. (Middle) Edgar c. (Last) Pinkard 4. DATE OF DEATH (Month) (Day) (Year) May 4th 1951

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH July 17th 1897 9. AGE (In years last birthday) 53 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Missouri 0 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Addison Pinkard 13b. MOTHER'S MAIDEN NAME Georgia Willis Pinkard 14. NAME OF HUSBAND OR WIFE SINGLE

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure
DUE TO (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4200

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

21a. ACCIDENT (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) _____ 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 Aug. 1949, to 4 May, 1951, that I last saw the deceased alive on 3 May, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter Hannibal (Degree or title) _____ 23b. ADDRESS Palmyra Mo. 23c. DATE SIGNED 7/1 May 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 8 1951 24c. NAME OF CEMETERY OR CREMATORIAN Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 5-15-51 REGISTRAR'S SIGNATURE Dr. E.M. Lucke 25. FUNERAL DIRECTOR'S SIGNATURE E. J. Shauger ADDRESS Palmyra Mo.

WRITE PLAINLY—USING UNLEADING BACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 18 1951
WARREN CO. HEALTH DEPT.
DATE FILED MAY 22 1951

MAY 8 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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.