

No. 300  
10.48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44668

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 440

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1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grant Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>928 South Arch Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Pinkard</u>	c. (Last) <u>Pinkard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 31 - 52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>	8. DATE OF BIRTH <u>12/5-1880</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joe Pinkard</u>	13b. MOTHER'S MAIDEN NAME <u>-</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>492-24-3247</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. Grant</u>	ADDRESS <u>928 S. Arch St</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>5 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxial Congestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brochogenic Carcinoma</u> DUE TO (c) <u>162X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Hannibal, Marion, Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from 5/30/52, 1952, to 11/28/52, 1952, that I last saw the deceased alive on 11/30/52, 1952, and that death occurred at 9:00 A m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>D. W. Wintersheim M.D.</u>	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>1/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Jan 6 - 1953</u>	24b. DATE <u>Jan. 6 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-9-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. Fisher</u>	ADDRESS <u>200 E. Roberts Hannibal Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 16 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JAN 16 1953

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.