S. No. 300
v. 10.46

0280
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FILED JAN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

814

State File No.

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4451 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE
c. LENGTH OF STAY (in this place): 1 YR.
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: CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE 0280
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): BLUEFORD
c. (Last): PANKEY

4. DATE OF DEATH (Month) (Day) (Year): 1-8-1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-3-1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 7, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TIMBER WORKER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): SHANNON Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PLEAS PANKEY
13b. MOTHER'S MAIDEN NAME: TILDA CARROLL
14. NAME OF HUSBAND OR WIFE: FLORENCE PANKEY

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. FLORENCE PANKEY - STEELVILLE, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unable to determine exact cause
DUE TO (c):

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7831
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 30 Dec, 1952, to 5 Jan, 1953, that I last saw the deceased alive on 5 Jan, 1953, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): John G Campbell M.D.
23b. ADDRESS: Steelville, Mo.
23c. DATE SIGNED: 10 Jan 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-10-1953
24c. NAME OF CEMETERY OR CREMATORY: WARREN CEMETERY
24d. LOCATION (City, town, or county) (State): GASCONADE Co., Mo.

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thomas S. Hacker - STEELVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 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 Thomas S. Hellard

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.