No. 300
10.48

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11450

BIRTH NO. _____ REG. DIST. NO. 5-2 PRIMARY REG. DIST. NO. 5182 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau-
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelys Landing
c. LENGTH OF STAY (In this place): 56yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #1, NeelysLanding,Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelys Landing Rural Shawnee Twp 0160
d. STREET ADDRESS (If rural, give location): RFD #1--Shawnee Township

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha b. (Middle): Kathryn c. (Last): Pinkerton

4. DATE OF DEATH (Month) (Day) (Year): April 7-1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2-1892
9. AGE (In years last birthday): 61 — If under 1 year: Months Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Oriole, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Christ Kilbourn
13b. MOTHER'S MAIDEN NAME: Adeline McClark
14. NAME OF HUSBAND OR WIFE: Eavon B. Pinkerton

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: Eavon B. Pinkerton,NeelysLandingMo

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) Virous fever — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Some undetermined Maligent Condition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 481 X
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~~* saw from Bertha Kathryn Pinkerton, 19____, to _____, 19____, *that I last saw the deceased alive on* April 5, 1954, *and that death occurred at* April 7 m., *from the causes and on the date stated above.* No autopsy

23a. SIGNATURE R D Blaylock MD (Degree or title)
23b. ADDRESS Oak Ridge Mo
23c. DATE SIGNED April 12th

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 10-1954
24c. NAME OF CEMETERY OR CREMATORY: High Hill Cemetery
24d. LOCATION (City, town, or county) (State): Neelys Landing, Mo.

DATE REC'D BY LOCAL REG. Apr 16-54
REGISTRAR'S SIGNATURE D. G. Silver 43
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. L. Hamon Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0160

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 L. L. Hanson

Licensed Embalmer No. 2843

P. O. Address Cape Girardeau 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.