

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16105
2372

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) 10 yrs. | |
| c. CITY OR TOWN KANSAS CITY | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY-PROVIDENT HOSP. | | 3. STREET ADDRESS (If rural, give location) 2428 BROOKLYN AVE. 3398 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS | | b. (Middle) PINKARD | |
| c. (Last) PINKARD | | 4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1954 | |
| 5. SEX 2 MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 | 8. DATE OF BIRTH NOV. 10, 1991 |
| 9. AGE (In years last birthday) 62 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER SHOP PORTER | 11. BIRTHPLACE (City and State or Foreign Country) AUBURN, ALABAMA |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME WILLIAM PINKARD | |
| 13b. MOTHER'S MAIDEN NAME MARIAH CARD | | 14. NAME OF HUSBAND OR WIFE LENA PINKARD | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 494-30-4628 | |
| 17. INFORMANT'S SIGNATURE OR NAME Empie Ee Loach | | ADDRESS AUBURN A.L.A. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident | |
| ANTECEDENT CAUSES Morbidity 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 Senility; malnutrition | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 3315 | |
| 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) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 5/14, 1954, to 5/21, 1954, that I last saw the deceased alive on 5/21, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) L.S. Daigle, M.D. | | 23b. ADDRESS 2122 Truman Rd. | |
| 23c. DATE SIGNED 5/24/54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE MAY 26, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY LINCOLN CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. | | DATE REC'D BY LOCAL REG. 5-25-54 | |
| REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Fannie G. Meek | |
| ADDRESS Kansas City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Jannie L. Meek*.....

Licensed Embalmer No. *3818*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.