

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18732

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 7 days		d. STREET ADDRESS (If rural, give location) So. Church St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lee Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lon c. (Last) Pankey			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1954		
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 5/17/1882		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 0 Days 26	
IF UNDER 24 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME Jack Eaton		13b. MOTHER'S MAIDEN NAME Laura Railey		14. NAME OF HUSBAND OR WIFE Ben Pankey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura P. Estill 6404 Scotland	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days	
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 Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 **July 1950** to **June 1954**, that I last saw the deceased alive on **June 13, 1954**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. J. Shaw, Jr. M.D.		23b. ADDRESS Lee Hosp, Fayette, Mo		23c. DATE SIGNED 6-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/17/1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Fayette, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Kalosh A. Case		ADDRESS Fayette, Missouri	
DATE REC'D BY LOCAL REG. 6-18-54		REGISTRAR'S SIGNATURE Mary K. Shield		436	

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed Ralph A. Carr.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3340.....

P. O. Address Jayette, 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.