

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **25891**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6081** Registrar's No. **43**

1. PLACE OF DEATH  
a. COUNTY **Ste. Genevieve**  
b. CITY OR TOWN **Rural Union**  
c. CITY OR TOWN **Union Twp.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Farmington, R.R.#3**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
**Missouri**  
b. COUNTY **Ste. Genevieve**  
c. CITY OR TOWN **Union Twp.**  
d. Is Residence within limits of a city or incorporated town? Year  No

e. STREET ADDRESS (If rural, give location) **Farmington R.R.#3**  
3. NAME OF DECEASED  
a. (First) **Lillie**  
b. (Middle) **Belle**  
c. (Last) **Pinkley**  
4. DATE OF DEATH (Month) (Day) (Year) **July 24 1954**

5. SEX **Female**  
6. COLOR OR RACE **White**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **July 7 1897**  
9. AGE (In years last birthday) **57**  
# UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) **Missouri 0**  
12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Henry Conway**  
13b. MOTHER'S MAIDEN NAME **Luzetta Allen**  
14. NAME OF HUSBAND OR WIFE **Eugene Pinkley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**  
16. SOCIAL SECURITY NO. **Unknown**  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Paul Pinkley Farmington R.R.#3**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Oesophagus of stomach with metastasis**  
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 **157 X**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **4-5-54**  
19b. MAJOR FINDINGS OF OPERATION **Carcinoma of stomach with metastasis**  
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) \_\_\_\_\_  
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 **3:20**, 19**54**, to **7:25**, 19**54**, that I last saw the deceased alive on **7:25**, 19**54** and that death occurred at **A** m., from the causes and on the date stated above.

23a. SIGNATURE (Physician or title) **C.E. Cantley M.D.**  
23b. ADDRESS **Farmington Mo**  
23c. DATE SIGNED **7-25-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**  
24b. DATE **July 27 1954**  
24c. NAME OF CEMETERY OR CREMATORY **Chestnut Ridge**  
24d. LOCATION (City, town, or county) (State) **Farmington R.R.#3 Mo.**

DATE REC'D BY LOCAL REG. **July 28, 1954**  
REGISTRAR'S SIGNATURE **Lucille Barker**  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. H. Cozean Farmington, Mo.**

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

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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.....

Licensed Embalmer No. *408*

P. O. Address *Farmington*

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.