

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3994**
238

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph) | c. LENGTH OF STAY (In this place) 1 day | c. CITY OR TOWN Denton | 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 St. Joseph's Hospital | | f. STREET ADDRESS (If rural, give location) None | |

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|-------------------------------------|--------------------------|----------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) WILLIS | b. (Middle) FRANCIS | c. (Last) PINYERD | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1955 |
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|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 19, 1886 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Garage Operator | 11. BIRTHPLACE (City and State or Foreign Country) Denton Kansas | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME Isiah Pinyerd | 13b. MOTHER'S MAIDEN NAME Unk | 14. NAME OF HUSBAND OR WIFE Unk. |
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| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Russell Bartley Horton | ADDRESS Kansas |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Krenmania | | 2 days |
| | 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. Diabetes Mellitus | | 10 yrs. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 193X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **May 1950**, to **death**, 19**55**, that I last saw the deceased alive on **Feb. 23 1955** and that death occurred at **6:00A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Emerson Hodges M.D. | 23b. ADDRESS Denton, Kans. | 23c. DATE SIGNED 2-26-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-24-1955 | 24c. NAME OF CEMETERY OR CREMATORY Denton 485 | 24d. LOCATION (City, town, or county) (State) Denton Kansas |
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| DATE REC'D BY LOCAL REG. March 3, 1955 | REGISTRAR'S SIGNATURE Kathleen M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Stacey Thomas | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1955

MAR 10 1955

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 Charles E. Bennett.....

Licensed Embalmer No. 4672.....

P. O. Address St. Joseph.....

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.