

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. PICKENS
State File No. 4561
Registrar's No. 170-B

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5461

1. PLACE OF DEATH a. COUNTY GREENE 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside limits of city or town) U.S. Highway #60		c. LENGTH OF STAY (In this place) 42 years	c. CITY OR TOWN Rogersville
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. HIGHWAY # 60		e. STREET ADDRESS (If rural, give location) Route #2	

3. NAME OF DECEASED (Type or Print)	a. (First) OLIN	b. (Middle) WILLIE	c. (Last) PILKINTON	4. DATE OF DEATH (Month) (Day) (Year)	FEB. 19 1955
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH APRIL 19 1912	9. AGE (In years last birthday) 42	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Miller County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? usa
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13a. FATHER'S NAME Sidney Pilkinton	13b. MOTHER'S MAIDEN NAME Annie Stone	14. NAME OF HUSBAND OR WIFE Pauline A.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None 492-40-8985	17. INFORMANT'S SIGNATURE OR NAME Sidney Pilkinton	ADDRESS Rogersville, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fct. Skull, Broken Neck		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Crushed Chest, Fct. Rt. Leg.		
	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. E8124. 25			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. HWY 60	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WASHINGTON TOWNSHIP GREENE, MO.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY FEBRUARY 19, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? STRUCK BY AUTO WHILE WALKING
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE DR. E. PICKENS 3 CORONER	23b. ADDRESS SPRINGFIELD, MISSOURI	23c. DATE SIGNED 2/19/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/23/55	24c. NAME OF CEMETERY OR CREMATORY Jameison	24d. LOCATION (City, town, or county) (State) Webster County Missouri
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DATE REC'D BY LOCAL REG. 3-1-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rohrer SPRINGFIELD, MO.
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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..... *Gene C. Hunt*.....
Licensed Embalmer No. *41739*

P. O. Address *Springfield*

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.