

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29812
State File No.

3759
Registrar's No.

FILED SEP 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 OR TOWN Kansas City c. LENGTH OF STAY (in this place) 57 yrs. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1600 Nichols Parkway STREET ADDRESS (If rural, give location) 1600 Nichols Parkway 36480

3. NAME OF DECEASED a. (First) PAULINE b. (Middle) _____ c. (Last) PINNELL 4. DATE OF DEATH. Aug. 24, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Dec. 13, 1865 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Sigourney, Iowa 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Paul J. Sparks 13b. MOTHER'S MAIDEN NAME Josephine Melton 14. NAME OF HUSBAND OR WIFE John H. Pinnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Wilhelm ADDRESS 4826 Roanoke Pkwy., K.C. MO.

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) Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DUE TO (b) Chronic Interstitial Nephritis 1 yr.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis 1 yr.
II. OTHER SIGNIFICANT CONDITIONS 442x
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION ✓ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 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) _____ m. _____ 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 Jan 1, 1953, to Aug 24, 1953, that I last saw the deceased alive on 8-24, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. P. Sewell (Degree or title) MD 23b. ADDRESS 1722 W 59th St 23c. DATE SIGNED 8-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/27/55 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 8-26-55 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Rep. M. F. Sewell
1722 W. 39th
Va. 5883

after 1 PM

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 *Edna D. Tipton*

Licensed Embalmer No. 481

P. O. Address *Kansas City*

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.