

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35836**

FILED NOV 30 1955

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 349
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (If in this place) 2 Mos.	c. CITY OR TOWN Kirksville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Nursing Home #1		STREET ADDRESS (If rural, give location) 0013		
3. NAME OF DECEASED (Type or Print) a. (First) Nellie		b. (Middle) Elizabeth	c. (Last) Pinkerton	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 31, 1880	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hugh Moss		13b. MOTHER'S MAIDEN NAME Ida Fusselman	14. NAME OF HUSBAND OR WIFE John A. Pinkerton	
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 ADDRESS Elmer Pinkerton, Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TOXEMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERITONITIS DUE TO (c) DIVERTICULITIS of Colon 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Chronic Cystitis - Senility		INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days 10 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5721		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Minute)		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 8/29 , 19 55 , to 11/21 , 19 55 , that I last saw the deceased alive on 11/20 , 19 55 , and that death occurred at 10:50 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. H. Lambert, M.D.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 11/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/55	24c. NAME OF CEMETERY OR CREMATORY Pinkerton Cemetery	24d. LOCATION (City, town, or county) (State) Adair County, Mo.
DATE REC'D BY LOCAL REG. 11-25-55		REGISTRAR'S SIGNATURE J. H. Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *George W. Davall*.....

Licensed Embalmer No. *479*.....

P. O. Address *Kirksville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.