

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1955

State File No. **36253**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5256 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Summer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Summer</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flova</u> b. (Middle) <u>Matilda</u> c. (Last) <u>Pinkerton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 31 55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-20-1876</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Days <u>2</u> 10. OVER 1 YEAR Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co. Mo</u>	
13a. FATHER'S NAME <u>John Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Musimer</u>		14. NAME OF HUSBAND OR WIFE <u>J. L. Pinkerton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elmer J. Sumner</u> ADDRESS <u>Summer Mo</u>	

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			INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		DUE TO (b) <u>General arteriosclerosis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertensive Cardio-vascular disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking Cigarettes 44 3X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to 11/30, 1955, that I last saw the deceased alive on 11/30/55, 1955, and that death occurred at 6:4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. W. DeWitt M.D.</u>	23b. ADDRESS <u>2110 E. Bendish St.</u>	23c. DATE SIGNED <u>12-3-55</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Co. Mo</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-13-55</u>	REGISTRAR'S SIGNATURE <u>Mildred B...</u> <u>56-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsbaugh &amp; Cowley</u> ADDRESS <u>Polo Mo</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed Gwin L. Fowler

Licensed Embalmer No. 4924

P. O. Address Palo, Mo.

**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 this body is not embalmed, fact should be so stated above.