

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43350

State File No. 5748
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		a. STATE MISSOURI		b. COUNTY CARROLL			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place) 15 DAYS		c. CITY OR TOWN BOGARD		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 VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) VIRGIL	b. (Middle) LLOYD	c. (Last) PINKERTON	Date (Month) (Day) (Year)	December 31, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 20, 1888	9. AGE (In years last birthday) 67	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) Carpenter, Retired		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Perce, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William B. Pinkerton		13b. MOTHER'S MAIDEN NAME Sarah Ann Couch		14. NAME OF HUSBAND OR WIFE No.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I 478-16-2071		17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		II. OTHER SIGNIFICANT CONDITIONS Cerebrovascular accident, left				491X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc! It means the disease, injury, or complication which caused death.		DUE TO (b) Bronchopneumonia				3 weeks	
DUE TO (c) _____		DUE TO (c) _____					
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) _____		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) _____		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 December 16, 1955 , to December 31, 1955 , and that death occurred at 1:05A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert T. Manning (Degree or title) M. D.				23b. ADDRESS VA Hospital, Kansas City, Missouri		23c. DATE SIGNED 12-31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 2, 1956	24c. NAME OF CEMETERY OR CREMATORY COLOMA		24d. LOCATION (City, town, or county) (State) Bogard Mo.		
DATE REC'D BY LOCAL REG. 1-1-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE DICKERSON Funeral Home ADDRESS Bogard, Mo.			

(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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 45
P. O. Address Kansas

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