

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4489**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. CITY (If outside corporate limits, write RURAL and give township) Ridgeway	
c. LENGTH OF STAY (In this place) 2. Hours		d. STREET ADDRESS (If rural, give location) 010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mall Memorial			

3. NAME OF DECEASED (Type or Print) a. (First) Alexander	b. (Middle)	c. (Last) Pinchart	4. DATE OF DEATH (Month) (Day) 1956 2-15-1956
---	-------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-15-1866	9. AGE (In years last birthday) 90	10. IF UNDER 1 YEAR Months 1 Days 2	11. IF UNDER 28 HRS. Hours Mins.
--------------------	-------------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Harrison County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	--

13a. FATHER'S NAME Palmer Pinchart	13b. MOTHER'S MAIDEN NAME Elizabeth Emnis	14. NAME OF HUSBAND OR WIFE Rachel Pinchart Deceased
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, even unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Grace Bryan	ADDRESS Kansas City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure		20 months
	DUE TO (c) Arteriosclerosis: Heart disease		20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 **10-15**, 19**54**, to **2/17/56**, 19**56**, that I last saw the deceased alive on **2/17**, 19**56**, and that death occurred at **3:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Sutherland	(Degree or title) MD	23b. ADDRESS Bethany, Mo	23c. DATE SIGNED 2/18/56
--	-----------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-19-56	24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	24d. LOCATION (City, town, or county) (State) Bethany Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 2/21/56	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE Robert R. Rogers	ADDRESS Ridgeway, Mo.
---	--	--	------------------------------

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.....

Robert R. Brossers
Licensed Embalmer No. *9576*

P. O. Address..... *Ridgeway M*

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.