

STANDARD CERTIFICATE OF DEATH

State File No. **27148**

FILED JUL 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>6097</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Rural - Independence</u>		c. LENGTH OF STAY (in this place) <u>do you</u>		c. CITY OR TOWN <u>Rural - Independence</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>William</u> c. (Last) <u>Pindell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 25, 1887</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>5</u>		11. DAYS <u>12</u>		12. IF UNDER 28 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Downing, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Pindell</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Rheimhimer</u>		13c. NAME OF HUSBAND OR WIFE <u>Lucy Pindell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Would war I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Pindell</u> ADDRESS <u>Downing, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septic sore throat</u> DUE TO (c) <u>Streptococcal infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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 <u>7-5</u> , 1957, to <u>7-7</u> , 1957, that I last saw the deceased alive on <u>7-7</u> , 1957, and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Stuber</u> (Degree or title)				23b. ADDRESS <u>100 1/2 Lancaster, Mo.</u>		23c. DATE SIGNED <u>7-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cemetery near Downing, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7-7-1957</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home, Downing, Mo.</u> ADDRESS			

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

3500

JUL 17 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Neal Payne.....

Licensed Embalmer No 2550.....

P. O. Address Memphis Tenn.....

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.