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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4215

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 N. Washington Tate's Nursing Home — Length of stay in 1b: 2 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Stockton — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 7 Miles N. W. — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First: JAMES Middle: EDWARD Last: PANKEY
4. DATE OF DEATH Month Jan. Day 27 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 6, 1879
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR: Months 7 Days 21 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Operator
11. BIRTHPLACE (City and state or country) Phoenix, Arizona
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Edward Pankey
14. MOTHER'S MAIDEN NAME Martha A. Parker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Vera Cargill, Stockton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertention — Unknown
DUE TO (c) Generalized artiosclerosis — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Had previous stroke some 6 months ago. 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from December 2, 1957 to January 25, 1958 and last saw her/him alive on Jan. 27, 1958
Death occurred at 5:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. P. McCanne M.D. (Degree or title)
22b. ADDRESS Moore Building, Nevada, Mo.
22c. DATE SIGNED 1/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-29-1958
23c. NAME OF CEMETERY OR CREMATORY Pankey Cemetery
23d. LOCATION (City, town, or county) (State) Cedar County, Mo.

24. FUNERAL DIRECTOR Cantlon Fun. Home ADDRESS Stockton, Mo.
25. DATE RECD. BY LOCAL REG. 1-28-1958
26. REGISTRAR'S SIGNATURE Amal J. Ferry

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 43

P. O. Address Stockton

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.