

XC-1176 514  
SL 15440

FILED MAR 21 1958 STANDARD CERTIFICATE OF DEATH

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3050

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>SALINE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>HARRISBURG</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>35 VET. ADM. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>32 506 W. RAYMOND</b>	
Length of stay in lb <b>10 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CECIL PANKEY</b>			4. DATE OF DEATH Month Day Year <b>MARCH 16, 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10/26/98</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (City and state or country) <b>DEXTER, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JOHN PANKEY</b>		13b. MOTHER'S MAIDEN NAME <b>JANIE DORRIS</b>	
14. NAME OF HUSBAND OR WIFE <b>ROXIE PANKEY</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>351-10-5089</b>	
17. INFORMANT <b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>		18. ADDRESS		19. NAME OF HUSBAND OR WIFE	

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE BACTERIAL MENINGITIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>
DUE TO (b) <b>ACUTE BRONCHOPNEUMONIA</b>			<b>10 DAYS</b>
DUE TO (c) <b>DIABETES MELLITUS, CHRONIC LYMPHATIC LEUKEMIA</b>			<b>10 YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260XH</b>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>VAH, ST. LOUIS, MO.</b>		COUNTY STATE

21. I attended the deceased from <b>3/6/58</b> to <b>3/16/58</b> and last saw him alive on <b>3/16/58</b> Death occurred at <b>11:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>J. D. Callahan M.D.</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>
22c. DATE SIGNED <b>3/17/58</b>	

23a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	23b. DATE <b>3-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Lawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>HARRISBURG ILL</b>
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24. FUNERAL DIRECTOR <b>CASHINS</b>	ADDRESS <b>HARRISBURG, ILL</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 17 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION  
Collected by 4/29/58 affidavit

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 *Frank Prody* .....

Licensed Embalmer No. *14356*  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.