

Health,  
& Welfare  
Public  
Service

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014384

STATE FILE NUMBER  
1995

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
1-57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's		Length of stay in lb. 15 Yrs.	
3. NAME OF DECEASED (Type or print) First Middle Last ORRIE J. PANGBURN		4. DATE OF DEATH Month Day Year April 17, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Guard, The Vendo Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Robinson, Kansas
13a. FATHER'S NAME J. Oscar Pangburn		13b. MOTHER'S MAIDEN NAME Mame Fisher	14. NAME OF HUSBAND OR WIFE Helen J. Pangburn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II		16. SOCIAL SECURITY NO. 496-76-4390	17. INFORMANT Mrs. Helen J. Pangburn K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH 17 days 4201
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 COUNTY STATE	
21. I attended the deceased from Death occurred at 7:00 AM 3/30/58		and last saw her alive on 4/16/58	
22a. SIGNATURE (Name or title) William B. Allen M.D.		22b. ADDRESS (City, town, or county) (State) Plaza Parkway Bldg. 4/18/58	
22c. DATE SIGNED		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 19, '58	
23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town, or county) (State) Robinson, Kansas	
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 4-18-58		26. REGISTRAR'S SIGNATURE neva minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

William B. Allen USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

