

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024769

STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 43

Primary Registration District No. 4058

Registrar's No. 450

pt. Health,
, & Welfare
S. Public
th Service
29
S. 300
v. 1-57

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harville, | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Poplar Bluff, Mo. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 1 Year | d. STREET ADDRESS (If outside, give location) South "D" Street |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mary Lue Pinkney, | | | 4. DATE OF DEATH Month Day Year 7/ 2/ 1958 |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5/20/ 1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) 75 |
| 13a. FATHER'S NAME H. J. Jackson, | | 13b. MOTHER'S MAIDEN NAME Martha- (Unknown) | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Aries Hager, Poplar Bluff, 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) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Advanced Age | | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| 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 8-3-57 to 7-2-58 and last saw her alive on 7-1-58 Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. L. Smith, D.O. 2 | | 22b. ADDRESS Neelyville, Mo. | 22c. DATE SIGNED 7-10-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/8/ 1958 | 23c. NAME OF CEMETERY OR CREMATORY Morocco Cemetery | 23d. LOCATION (City, town, or county) (State) Poplar Bluff County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Peoples' Funeral Home, Poplar Bluff, | | 25. DATE RECD. BY LOCAL REG. 7/19/58 | 26. REGISTRAR'S SIGNATURE [Signature] |

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

270

RECEIVED

JUL 21 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Fred Smith*

Licensed Embalmer No. 4408

P. O. Address Liberation MD

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.