ealth,
Welfare
ublic
ervice

300
-57

4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008505
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Parkview Nursing Home 2225 S. 11th Street — Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3101 Edmond St., — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Anna Middle: C. Last: Pinger

4. DATE OF DEATH Month: April Day: 1 Year: 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH June 29, 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Matzinger
13b. MOTHER'S MAIDEN NAME Caroline Kock
14. NAME OF HUSBAND OR WIFE John C. Pinger

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 Mrs. E.B. Harrison, St. Joseph, Missouri Address

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 Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Unknown
DUE TO (c) 334 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertensive Heart Disease
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 Feb. 2, 1959, to April 1, 1959 and last saw ~~him~~ her alive on March 31, 1959
Death occurred at 12:32 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen I. Herman (Degree or title) M.D.
22b. ADDRESS 706 Francis St. Joseph, Mo.
22c. DATE SIGNED 4-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 3, 1959
23c. NAME OF CEMETERY OR CREMATORY Mount Mora Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Kerkhoff-Glennon Inc. by Bb
ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. April 2, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Allen I. Herman

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 Albert R. Harrington

Licensed Embalmer No. 3265

P. O. Address St. Joseph, 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.