Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018365
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Yellow Creek — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Yellow Creek Jump — Length of stay in 1b: 21 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: St. Catherine 0580 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R. F.D. #2 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Henrietta Middle: Last: Pankey

4. DATE OF DEATH: Month: June Day: 11 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ 2. WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: April 6, 1878
9. AGE (Last birthday): 81 — IF UNDER 1 YEAR: Months: 2 Days: 5 — 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: Home
11. BIRTHPLACE (City and state or country): St. Catherine, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Henry Meyer
13b. MOTHER'S MAIDEN NAME: Maria Stanger
14. NAME OF HUSBAND OR WIFE: Clarence S. Pankey (deceased)

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. Lura Schaefer Address: St Catherine, 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): Fracture of hip accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c): 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): From fall
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 6-3-59
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.): in home
20f. CITY, TOWN, OR LOCATION: Moberly COUNTY: STATE: Mo

21. I attended the deceased from 6-6-59, to 6-11-59 and last saw her/him alive on 6-6-59
Death occurred at 4:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. H. Potter (Degree or title): D.C.
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 6-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 13, 1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR: Hill Funeral Home ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 6-13-59
26. REGISTRAR'S SIGNATURE: Kathaline Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Brownwood

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.