

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024401

FILED VS AUG 11 1959 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 274 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b OR TOWN CAPE GIRARDEAU 2 wks.			c. CITY OR TOWN Brownwood 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. Francis Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) Pike Twp. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Roy HERBERT Pink			4. DATE OF DEATH Month Day Year July 23, 1959		
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 7-16-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min. 0 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Phillip Pink		13b. MOTHER'S MAIDEN NAME MOLLIE HENDRIX		14. NAME OF HUSBAND OR WIFE Irene Royer Pink	
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. 492-42-1215	17. INFORMANT Irene Pink Address Brownwood, 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) **Acute coronary occlusion with myocardial infarction.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 **7/16/59** to **7/23/59** and last saw ^{her}him alive on **7/22/59**. Death occurred at **3:20 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. H. Kern MD** 22b. ADDRESS **Cape Girardeau, Mo** 22c. DATE SIGNED **8/5/59**

23a. BURIAL, CREATION, RECOVERY (Specify) **BURIAL** 23b. DATE **7-25-59** 23c. NAME OF CEMETERY OR CREMATORY **MORGAN MEMORIAL PARK** 23d. LOCATION (City, town, or country) (State) **ADVANCE, Mo.**

24. FUNERAL DIRECTOR **Wm H. Morgan** ADDRESS **Advance, Mo** 25. DATE RECD. BY LOCAL REG. **8-5-1959** 26. REGISTRAR'S SIGNATURE **Irene Kasten**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.