URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960 5 3

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 118

■60-010185
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 1 day.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cape Osteopathic Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Scott
c. CITY OR TOWN Fornfelt — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS _____ (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SARAH Middle EMMA Last PINKSTON
4. DATE OF DEATH Month Feb Day 16 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug 9, 1877
9. AGE (last birthday) 82
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: 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 _____
11. BIRTHPLACE (City and state or country) Camdenton, Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jim Durden
13b. MOTHER'S MAIDEN NAME Nancy.
14. NAME OF HUSBAND OR WIFE John T. Pinkston
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. Don't Know
17. INFORMANT Mrs Lesta Wells Address Fornfelt, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Lobar pneumonia	4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart failure	4 days.
DUE TO (c)	Inanition and Debilitation	6 mo.

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

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 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 2-13-60 to 2-16-60 and last saw her alive on 2-16-60
Death occurred at 9:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Schmeyer (Degree or title) D.O.
22b. ADDRESS Chaffee, Missouri
22c. DATE SIGNED 2/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-19-60
23c. NAME OF CEMETERY OR CREMATORY Lightner Cem
23d. LOCATION (City, town, or county) (State) Illmo, Missouri

24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME ADDRESS Illmo, Mo
25. DATE RECD. BY LOCAL REG. 3-19-1960
26. REGISTRAR'S SIGNATURE Irene Karten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4470

P. O. Address_____

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