

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036405

STATE FILE NUMBER

AMENDED

Registration District No. 0916 Primary Registration District No. _____ Registrar's No. 59

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant Twsp | | Length of stay in lb 17 yrs. | c. CITY OR TOWN Buffalo, |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lewis Middle F. Last Pinkerman | | | 4. DATE OF DEATH Month October Day 28 Year 1961 |
| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 26, 1886 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 9. AGE (last birthday) 75 |
| 11. BIRTHPLACE (City and state or country) Macon County Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William Pinkerman | | 13b. MOTHER'S MAIDEN NAME Nora Garrison | 14. NAME OF HUSBAND OR WIFE Ora E. Pinkerman |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) Yes WWI | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Ora Pinkerman Address Buffalo, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis | | | 5 yrs. |
| DUE TO (c) Arteriosclerosis (generalized) | | | 15 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential Hypertension | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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, a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 7-31-61 to 10-28-61 and last saw her alive on 10-27-61 . Death occurred at 8:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Joseph G. Bennett, D.O. (Degree or title) Joseph G. Bennett, D.O. | | 22b. ADDRESS Buffalo, Missouri | 22c. DATE SIGNED 10-30-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 31, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery | 23d. LOCATION (City, town, or county) (State) Dallas County Missouri |
| 24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Missouri | | 25. DATE RECD. BY LOCAL REG. 11/4/1961 | 26. REGISTRAR'S SIGNATURE Miss Vera Blue SR |

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 8 AON

STATEMENT BY LICENSED EMBALMER

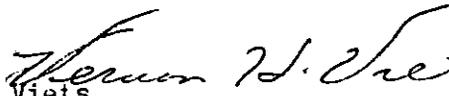
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Vernon H. Viets 

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.