SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-045715
STATE FILE NUMBER

AMENDED

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 29

FILED DEC 28 1961

DATE AMENDED

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

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

3. NAME OF DECEASED (Type or print) First: William Middle: Cutler Last: Pingree
4. DATE OF DEATH Month: Dec. Day: 18 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-6-1881
9. AGE (last birthday) 80 — 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) Farmer and Shoe Store
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eugene, Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Francis E. Pingree
13b. MOTHER'S MAIDEN NAME Eleanor E. Harter
14. NAME OF HUSBAND OR WIFE Anna Viola Ream Pingree
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mildred Good, West Plains, Mo. 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) Cardiac, and Respiratory Arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Apoplexy: Unilateral envolvement
DUE TO (c) Senile Body Changes, Hypertension.
INTERVAL BETWEEN ONSET AND DEATH
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 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 Alton, COUNTY Oregon, STATE Missouri

21. I attended the deceased from 9-10-49 to 12-18-61 and last saw him alive on 12-18-61
Death occurred at 1:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William Carhart (Degree or title) D.O.
22b. ADDRESS Alton, Mo.
22c. DATE SIGNED 12-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-20-61
23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery
23d. LOCATION (City, town, or county) Alton, Missouri (State)

24. FUNERAL DIRECTOR Carter Funeral Home, West Plains, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 12-22-61
26. REGISTRAR'S SIGNATURE Mrs W C Johnson

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF — DOCUMENT

SHOULD READ — BY AFFIDAVIT OF

ITEM NO.

JAN 4 1962

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_____ Signed Leland Carter

Signature of Student Embalmer

Licensed Embalmer No. 4516

P. O. Address West Plain

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.