

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046724
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 163

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|---|---|
| FILED JAN 2 1963 | |
| 1. PLACE OF DEATH | |
| a. COUNTY Iron | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton | a. STATE Missouri COUNTY Iron |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 W Russell | c. CITY OR TOWN Ironton, |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 404 W. Russell |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED | |
| First ALFRED | Middle ALONZO |
| Last PINKLEY | 4. DATE OF DEATH |
| | Month December |
| | Day 8 |
| | Year 1962 |
| 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 15 Nov 1887 |
| 9. AGE (last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and state or country) Lesterville, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME James Drew Pinkley | 13b. MOTHER'S MAIDEN NAME Mary Minerva Weeks |
| 14. NAME OF HUSBAND OR WIFE Grace McHenry Pinkley | 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. | 17. INFORMANT Grace Pinkley Ironton, 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) Bronchial pneumonia | |
| DUE TO (b) virus infection | |
| DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pyelo-nephritis, arteriosclerosis | |
| 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 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 10-23-62 to 12-8-62 and last saw ^{her} him alive on 12-8-62 Death occurred at 5:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>P. E. Farland, M.D.</i> | (Degree or title) |
| 22b. ADDRESS Ironton, Missouri | 22c. DATE SIGNED 12-10-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 17 Dec 1962 |
| 23c. NAME OF CEMETERY OR CREMATORY Shy Masonic Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Lesterville, Missouri | |
| 24. FUNERAL DIRECTOR <i>Bill White</i> | ADDRESS Ironton, Missouri |
| 25. DATE RECD. BY LOCAL REG. 12-11-62 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Aris Jones</i> |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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ITEM NO. SHOULD READ

JAN 7 1963

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 Auel White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.