

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0007440

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 48

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Amazonia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOA St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 5 miles northwest	
3. NAME OF DECEASED (Type or print) JACKIE WILLIAM PANKAU		4. DATE OF DEATH Month 3 Day 5 Year 66	
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 2/24/37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	
13a. FATHER'S NAME Alvin J. Pankau		13b. MOTHER'S MAIDEN NAME Julia Drake	
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. 494-40-8070	
17. INFORMANT Mrs. Charlotte Pankau, Amazonia, Mo.		14. NAME OF HUSBAND OR WIFE Charlotte Nations Pankau	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest, fractured left shoulder, left leg. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Consequential DUE TO (c) Consequential 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. <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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY 7:30 a.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Highway 27	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 27	
20f. CITY, TOWN, OR LOCATION 1 mile south of Hopkins		COUNTY Missouri STATE Missouri	
21. I attended the deceased from 7:30 P. to 3/5/66 and last saw him alive on 3/5/66 Death occurred at 7:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. G. Porter M.D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 3-6-66		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 3/6/66		23c. NAME OF CEMETERY OR CREMATORY Savannah	
23d. LOCATION (City, town, or county) Savannah, Missouri		24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.	
25. DATE RECD. BY LOCAL REG. 3-7-66		26. REGISTRAR'S SIGNATURE Beas / Hult	

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1966

APR 18 1966

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.