

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13223

FILED JAN 6 - 1953

BIRTH NO. 734 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 306 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River Mo 0942</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>207 Rock St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>No.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mr. Oscar</i> b. (Middle) <i>William</i> c. (Last) <i>Pinkley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 21 - 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Cau.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 23 - 1894</i>
9. AGE (In years last birthday) <i>58-10-28</i>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Miner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Hogan, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			

13a. FATHER'S NAME <i>Mr. John Christopher Pinkley</i>	13b. MOTHER'S MAIDEN NAME <i>Francis Cornelia Pratt</i>	14. NAME OF HUSBAND OR WIFE <i>Lena Ora Giffens Pinkley</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>493-03-9403</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Flat River, Mo. Mrs. Lena Ora Pratt Pinkley - 207 Rock St.</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Cardiac Failure</i>		DUE TO (b) <i>Cirrhosis of Liver</i>		<i>1 M.</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<i>1-2 yrd</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>5810</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-17*, 1952, to *12-21*, 1952, that I last saw the deceased alive on *12-21*, 1952, and that death occurred at *6:30 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Z. Zuppan</i> (Degree or title)	23b. ADDRESS <i>Flat River Mo</i>	23c. DATE SIGNED <i>12/27</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 23 - 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Francois Memorial Park</i>
24d. LOCATION (City, town, or county) <i>Bonne Terre</i>		24e. STATE <i>Mo</i>

DATE REC'D BY LOCAL REG. <i>Dec 27, 1952</i>	REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>	ADDRESS <i>303 Crane St. Flat River, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 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 .....  
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, Mo.

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 this body is not embalmed, fact should be so stated above.