

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29596**

BIRTH NO. _____		REG. DIST. NO. <b>354</b>		PRIMARY REG. DIST. NO. <b>6199</b>		Registrar's No. <b>5</b>			
1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>				b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Intn Grove, Miss</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Intn Grove, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>1070</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <b>JERUSHA</b>		b. (Middle) <b>E.</b>		c. (Last) <b>PANKIN</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 18, 1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <b>Dec 9, 1868</b>		9. AGE (In years last birthday) <b>85</b>		10. MONTHS <b>7</b>		11. DAYS <b>9</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Douglas Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>George W. Akin</b>		13b. MOTHER'S MAIDEN NAME <b>Frona S. Pankin</b>		14. NAME OF HUSBAND OR WIFE <b>S.W. Pankin</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, state war or date of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Tucker Intn Grove, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Phlebotrombosis</b>				4 mo.			
		DUE TO (c) <b>Intestinal Obstruction - Yungueal</b>				3 mo.			
		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				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)		4501			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>June 11, 1954</b> , to <b>Aug 18, 1954</b> , that I last saw the deceased alive on <b>Aug 17, 1954</b> , and that death occurred at <b>11:00 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Richard G. Mitchell, M.D.</b>				23b. ADDRESS <b>Intn Grove, Mo.</b>		23c. DATE SIGNED <b>8-24-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Intn Grove, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-28-54</b>		REGISTRAR'S SIGNATURE <b>Gaynell Cunningham</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stable-Willie</b>		ADDRESS <b>Intn Grove, Mo.</b>			

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

670  
1

**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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Midway, Ill.

**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.