

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3762

FILED MAR 5 1956

State File No. ....

Registrar's No. .... 39

BIRTH NO. .... REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3006

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

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. LENGTH OF STAY (In this place) <b>1 wk.</b>	c. CITY OR TOWN <b>Butler</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>602 Gregory Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugo</b> b. (Middle) <b>H.</b> c. (Last) <b>Pinkepank</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-11-1894</b>	9. AGE (In years last birthday) <b>61</b>	10. IF UNDER 1 YEAR Days 11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Liquor store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sweet Springs, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Henry Pinkepank</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Dierker</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Pinkepank</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes W.W. I</b>	16. SOCIAL SECURITY NO. <b>497 36 6672</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Pinkepank</b>	ADDRESS <b>Butler, Missouri</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis</b>		<b>3 years</b>
	DUE TO (c) <b>Generalized anasarca</b>		<b>6 mos.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis Liver</b>			<b>10 yrs.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 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 June 1, 1955 to Feb 23, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carter W. Luter M.D.</b>	23b. ADDRESS <b>Butler Mo</b>	23c. DATE SIGNED <b>2/24/56</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-25-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sweet Springs, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 25-56</b>	REGISTRAR'S SIGNATURE <b>Rendall Kering</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cedric Underwood</b>	ADDRESS <b>Butler Mo</b>
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1956  
MAR 6

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 *John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler*

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.