

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7069

State File No.

FILED MAR 5 1956

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1828**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1828							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Fredericktown		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				e. STREET ADDRESS (If rural, give location) Route 3									
3. NAME OF DECEASED (Type or Print) a. (First) Ray		b. (Middle) Bartley		c. (Last) Pinkley		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 9, 1894							
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and State or Foreign Country) Munger, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME William Pinkley		13b. MOTHER'S MAIDEN NAME Lucinda Rich		14. NAME OF HUSBAND OR WIFE Helen Pinkley									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Pinkley, Fredericktown, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION									
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Ca of prostate				INTERVAL BETWEEN ONSET AND DEATH 2 yr					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes mellitus				DUE TO (b) _____				DUE TO (c) _____	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic intercostal pleurisy, pleurisy, etc.				DUE TO (a) _____				DUE TO (b) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 177x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		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 10-7, 1949 , to 2-17, 1956 , that I last saw the deceased alive on 2-16, 1956 , and that death occurred at 8:40a m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Wayne O. Gork				23b. ADDRESS 2739 No. 8th		23c. DATE SIGNED 2-20-56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-18-56		24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery		24d. LOCATION (City, town, or county) (State) Madison Co., Mo.							
DATE REC'D BY LOCAL REG. FEB 20 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.									

(Licensed Embalmer's Statement on Reverse Side)

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

1958

BOARD

VS DEC-8 1959

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 S. Penne*
Licensed Embalmer No. 419
P. O. Address St. Louis

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.