

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40343**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4577 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>5 da.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skippy Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt 10600</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) <u>Gene</u> c. (Last) <u>Pinkerton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>aug-14-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>State of Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>David Pinkerton</u>		13b. MOTHER'S MAIDEN NAME <u>Alcida Anderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Thaddeus M. Pinkerton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Pinkerton</u> ADDRESS <u>Kinne Mills Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branch pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) <u>4912</u>		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 <u>11-7-56</u> , to <u>11-12-56</u> , that I last saw the deceased alive on <u>11-12-56</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Branson, Mo</u>	
23c. DATE SIGNED <u>11-17-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>11-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cent. Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Branson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel F. Horn</u> ADDRESS <u>Branson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/19/56</u>		REGISTRAR'S SIGNATURE <u>Heleen Campbell</u>	

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

5140

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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 *Minnie L. Welchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Branson*.....

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.