

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35296**

FILED NOV 4 1957

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Springcreek		c. CITY OR TOWN Salem	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS (If rural, give location) 21 Miles So H.W. 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1 Mile from Salem			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) T	c. (Last) Pankey	4. DATE OF DEATH (Month) (Day) (Year) 10-26-57
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 5 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and State or Foreign Country) Randolph Co Ark	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME John Rhodes	13b. MOTHER'S MAIDEN NAME Catherine Lewis	14. NAME OF HUSBAND OR WIFE John Riley Pankey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME Celia Terrill Gladden	ADDRESS Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	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 331x	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept. 7, 1957** to **Oct. 26, 1957**, that I last saw the deceased alive on **10/7/57**, 1957, and that death occurred at **12:25 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Martin M. Hart, M.D. (Degree or title)	23b. ADDRESS Salem Missouri	23c. DATE SIGNED 10/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-28-57	24c. NAME OF CEMETERY OR CREMATORY Jadwin Cem	24d. LOCATION (City, town, or county) (State) Dent Co Mo
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DATE REC'D BY LOCAL REG. 10/28/57	REGISTRAR'S SIGNATURE M. M. Hart, M.D. by P. L. G. ...	FUNERAL DIRECTOR'S SIGNATURE Charles ...	ADDRESS Salem Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 7 1957

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.....
Carl H. Janner

Licensed Embalmer No. *237*

P. O. Address *Selma, Ala.*

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.