

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017796

STATE FILE NUMBER

FILED JUN 3 1958

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 211

300
1-57
036
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1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Albany 0380 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.		Length of stay in 1b 13 days	d. STREET ADDRESS (If outside, give location) South of Albany Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Phyllis Middle Faye Last Pilkington			4. DATE OF DEATH Month May Day 22 Year 1958		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2 1931	9. AGE (In years last birthday) 27	10. F UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Gentry County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Fred A. Smith		13b. MOTHER'S MAIDEN NAME Goldie Hunter		14. NAME OF HUSBAND OR WIFE Omer Pilkington	
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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. None	17. INFORMANT Mr. Omer Pilkington, Forrest City Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) gun shot (self inflicted) chest		
		DUE TO (c) 976X		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 38 Celsius water used in her home		
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20c. TIME OF INJURY Hour 9:30 Month, Day, Year 5/30		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Albany Gentry Mo.		
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20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Albany Gentry Mo.		
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21. I attended the deceased from 5/9/58 to 5/22/58 and last seen alive on 5/22/58 Death occurred at 9:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE E. M. Newman, M.D.		22b. ADDRESS Albany Mo.		22c. DATE SIGNED 5/24/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 25, 1958		23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) (State) Albany, Missouri	
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24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.		25. DATE RECD. BY LOCAL REG. 5-25-1958		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Coohelf.....

Licensed Embalmer No. 4868.....
P. O. Address Albany, Mo......

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.