

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013100

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 138

Primary Registration District No.

Registrar's No. 20

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Hickory</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Hickory</i> | |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Montgomery Township</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <i>Montgomery Township</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>17th N.E. Quincy</i> Length of stay in 1b <i>7 years</i> | | d. STREET ADDRESS (If outside, give location) <i>17th N.E. of Quincy</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>General</i> Last <i>Pine</i> | | | 4. DATE OF DEATH Month <i>May</i> Day <i>1</i> Year <i>1959</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Feb 25-1885</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Real Estate</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Selling</i> | 9. AGE (In years last birthday) <i>74</i> IF UNDER 1 YEAR Months <i>2</i> Days <i>6</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i> |
| 11. BIRTHPLACE (City and state or country) <i>Wheatland, Mo</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>William Pine</i> | | 13b. MOTHER'S MAIDEN NAME <i>Susan Elliott</i> | 14. NAME OF HUSBAND OR WIFE <i>Belva Pine</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT Address <i>Gaylis Pine - Warrensburg, Mo</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>adv. Arterio sclerosis</i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>15 cc</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i> <i>3 yrs</i> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i> a.m. <i></i> p.m. <i></i> | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>June 57</i> to <i>May 1-59</i> and last saw her alive on <i>Apr 27-59</i> Death occurred at <i>4:30</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>R.D. Nevins M.D.</i> | | 22b. ADDRESS <i>7 Dermitage Mo</i> | 22c. DATE SIGNED <i>5-9-59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremat</i> | 23b. DATE <i>May 4-1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Gardner Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Wheatland, Mo</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>Richard H. Henry Wheatland, Mo.</i> | | 25. DATE RECD. BY LOCAL REG. <i>May 9-1959</i> | 26. REGISTRAR'S SIGNATURE <i>May Johnson</i> |

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, 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.