

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021639

STATE FILE NUMBER
REGISTRAR'S No. 2559

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's | | Length of stay in 1b 1 yr | d. STREET ADDRESS (If outside, give location) 4144 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First HERBERT Middle J. Last PINKEPANK | | | 4. DATE OF DEATH Month 5 Day 22 Year 59 | | |
| 5. SEX Ma | 6. COLOR OR RACE Wh | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5-7-1900 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during 12 months prior to death, even if retired) Produce Man | | 10b. KIND OF BUSINESS OR INDUSTRY Who. Produce | 11. BIRTHPLACE (City and state or country) Sweet Springs, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Henry Pinkepank | | 13b. MOTHER'S MAIDEN NAME Louise Dierker | | 14. NAME OF HUSBAND OR WIFE Marguerite H. Pinkepank | |
| 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. 486-01-6815 | | 17. INFORMANT Address Mrs. Marguerite H. Pinkepank, 4144 Paseo | |

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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) myocardial infarction | | | INTERVAL BETWEEN ONSET AND DEATH 9 hours |
| DUE TO (b) Coronary occlusion | | | |
| DUE TO (c) arteriosclerotic cardiovascular disease | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|--|--|--|
| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | | | |

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|---|--|--|--|---|--|
| 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 11:45 A.M. 2/3/59 to 6/22/59 and last saw ^{her} him alive on 5/22/59 Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |

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| 22a. SIGNATURE (Degree or title) H. A. Underwood, M.D. | | 22b. ADDRESS 5100 E. 24th K.C. Mo | | 22c. DATE SIGNED 5/22/59 | |
| 23a. BURIAL, CREMATION, or other disposition (Specify) Burial | | 23b. DATE 5-25-59 | | 23c. NAME OF CEMETERY OR CREMATORY Fairview cemetery | |
| | | | | 23d. LOCATION (City, town, or county) (State) Sweet Springs, Mo. | |

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| 24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home. K.C. Mo | | 25. DATE RECD. BY LOCAL REG. 5-22-59 | | 26. REGISTRAR'S SIGNATURE Preva Mitchell | |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 17 1959

MAR 28 1960

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 *Eugene L. Lee*

Licensed Embalmer No. *486*

P. O. Address *Fanshawe, Ctd.*

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.