

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022470

STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 291 Primary Registration District No. Registrar's No. 41

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MO b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) Martinstown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Charles, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At farm home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 092 3/4 323 Clay St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Woodrow Pinkerton			4. DATE OF DEATH Month Day Year June 20, 1959		
5. SEX M o	6. COLOR OR RACE W	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1916	9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, MacDonnal		10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (City and state or country) Adair county, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Henry E. Pinkerton		13b. MOTHER'S MAIDEN NAME Alta Dudley		14. NAME OF HUSBAND OR WIFE Marjorie Mulanix	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No [unknown]) (If yes, give No [unknown] or dates of service) No		16. SOCIAL SECURITY NO. 494 32 4177	17. INFORMANT Henry E. Pinkerton, Novinger, MO. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self inflicted gun shot Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Wounded in right temple skull } Immediatly DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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!) Self inflicted gun shot wound right temple			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 1-20-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home			
20e. CITY, TOWN, OR LOCATION near Martinstown		20f. COUNTY Putnam		20g. STATE MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas. L. Judd, Jr. (Degree of title) Coroner			22b. ADDRESS Unionville, Mo.		22c. DATE SIGNED 6-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/21/59	23c. NAME OF CEMETERY OR CREMATORY Martinstown Cemetery		23d. LOCATION (City, town, or county) (State) Putnam Co., Mo.
24. FUNERAL DIRECTOR Chas. L. Judd, Jr. ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 6-20-59		26. REGISTRAR'S SIGNATURE Marshall Durbin	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Kirksville, Md.*

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.