

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS MAY 2 1960

-60-014041

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Length of stay in 1b <b>years</b>		c. CITY OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <del>XXXXXX</del> <b>420 W. Harrison</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>420 W. Harrison</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Phillip</b> Middle <b>Sheridan</b> Last <b>Pinkerton</b>				4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> <del>XXXXXX</del> <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 16/21 39</b>	9. AGE (last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement truck</b>		11. BIRTHPLACE (City and state or country) <b>Adair Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>		
13a. FATHER'S NAME <b>Calvin Pinkerton</b>			13b. MOTHER'S MAIDEN NAME <b>Bessie Klingsmith</b>		14. NAME OF HUSBAND OR WIFE <b>Violet</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>485-14-5174</b>		17. INFORMANT Address <b>Violet Pinkerton, Kirksville, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) <b>Coronary thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b> <b>5 years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>9:30</b> Month, Day, Year <b>Feb 9 - 60</b>								
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Feb 9 - 60</b> to <b>Apr 25 - 60</b> and last saw him alive on <b>Apr 12 - 60</b> Death occurred at <b>9:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>David W. Brown MD</b> (Degree or title)			22b. ADDRESS <b>Kirksville MO</b>		22c. DATE SIGNED <b>4-26-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/28/60</b>	23c. NAME OF CEMETERY OR <del>REPOSITORY</del> <b>Maple Hill</b>		23d. LOCATION (City, town, or county) <b>Kirksville, Adair, Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>Foster Memorial Home, Kirksville, Mo.</b> ADDRESS <b>APR 26 1960</b>			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>Doris W. Rathoff</b>			

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION BUENE

DAVID W. BOWEN, D.O.

APR 26 1961

STATEMENT BY LICENSED EMBALMER

MAY 3 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Nova E. Foster  
Nova E. Foster  
Licensed Embalmer No. 4742

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.