

XX

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041623

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/5910109  
20660

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 38  
FILED NOV 26 1962

Primary Registration District No. 3006

Registrar's No. 625

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE, <b>MISSOURI</b> b. COUNTY <b>MILLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Length of stay in 1b <b>16 days</b>	c. CITY OR TOWN <b>IBERIA</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>UNIV. OF MO. MED. CENTER</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>PILKINTON</b> Last <b>PILKINTON</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/13/1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>IBERIA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES PILKINTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY AUST</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1918-1919</b>	
16. SOCIAL SECURITY NO. <b>5</b>		17. INFORMANT <b>NIV. OF MO. MED. CENTER MED. RECORDS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Aspiration pneumonia with asphyxia</b>		<b>sudden</b>	
DUE TO (b) <b>Septicemia---gram negative rod</b>			
DUE TO (c) <b>Post-operative retropubic prostatectomy &amp; urethral dilatation</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchial asthma and pulmonary emphysema</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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- a.m. p.m.	Month, Day, Year		
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>10-15-62</b> to <b>10-31-62</b> and last saw him alive on <b>10-31-62</b>		Death occurred at <b>12:48</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Gilbert Ross, Jr. M.D.</b> (Degree or title)		22b. ADDRESS <b>Columbia, Mo. Univ. Of Mo. Med. Center</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/2/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Livingston Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>5 Miles No. Of Iberia, Missouri</b>
24. FUNERAL DIRECTOR <b>Scrivner--Stevinson</b>		ADDRESS <b>Iberia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 17 1962</b>
		26. REGISTRAR'S SIGNATURE <b>Mrs RE Palmer</b>	

NOV 29 1962

JAN 9 1963

JAN 2 1963

**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 Lloyd Stevenson  
Licensed Embalmer No. 5201

P. O. Address Iberia, 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.