

CERTIFICATE OF DEATH

70 0029285

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 352

DO NOT WRITE ON THIS STUB

9. 0
 10a. 69
 10b.
 11. 9
 12. 1
 13. 1621
 14.
 15. 4
 16.
 17.
 18. 0
 19. CREDITS
 20. 1-0

VS 300
 Rev. 1/70

40942

90

DECEASED

6. 0942

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. H. Everett Pinkley			2. Male	3. July 23, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White		5b. 69	5d. 4	5c. 8	6. March 15, 1901	7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Flat River			7c. yes 7d. 521 Theodore St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U.S.A.		10. Married		11. Lorene Pearson
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 493-03-9401		13a. Retired Miner		13b. Lead		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER
14. Missouri		14a. St. Francois		14b. Flat River		14c. yes 14d. 521 Theodore St.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. John Pinkley			16. Francis Pratt			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Lorene Pinkley			17b. 521 Theodore St. Flat River, Mo			
PART I. DEATH WAS CAUSED BY:						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <u>Carcinoma Rt Lung</u>						
DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVE STATING THE UNDERLYING CAUSE LAST)						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. A		20b. 11		20c. M. 70d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UK.
20a.		20f.		20g.		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM 3-26-65 TO 3-27-70		21b.		21c. 3-27-70		21d. not
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. C. H. Appleberry M.D.						22b. 7:24-70
CERTIFIER—NAME (TYPE OR PRINT)						SIGNATURE
23a. C. H. Appleberry M.D.						23b. <u>C. H. Appleberry M.D.</u>
MAILING ADDRESS—CERTIFIER						STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23c. 43 St. Joe St. Rivermines, Mo						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OF TOWN STATE		
24a. Burial		24b. Parkview Cemetery		24c. Farmington, Mo		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP)				
24d. July 25, 1970		24e. Murphy L. Sparks F. Home, Inc. Flat River, Mo 63601				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Murphy L. Sparks</u>			25b. <u>Cather Mathews</u>		25c. July 24, 1970	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 12 1970

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.