S. No. 2
M—8-43
5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1945

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 5494

Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Part of a day (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State ~~Mo~~ Kas (b) County Cowley 999

(c) City or town Arkansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. O
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME William Newton Pinion

3. (b) If veteran, name war World War No 1.

3. (c) Social Security No. 513-01-8289

4. Sex male O

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 1st (Day) 1901 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 43 | 7 | 12 | hr. min. |

9. Birthplace Morrison (City, town, or county) Okla. 1 (State or foreign country)

10. Usual occupation Steele Worker

11. Industry or business

FATHER
12. Name Charles M. Pinion
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Mitchell
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Charles M. Pinion
(b) Address Arkansas City Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Arkansas City Kas.

18. (a) Signature of funeral director Culver
(b) Address Butler Missouri

19. (a) Feb 14, 1945 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 13
year 1945 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from Feb 13 1945, to Feb 13, 1945;
that I last saw him alive on Feb 13, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Shock — Skull fracture —

Due to Fall from Building under Construction

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 1860
Of autopsy — 39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall from Bldg. 007

(b) Date of occurrence Feb 13, 1945 9:15 AM

(c) Where did injury occur? Butler (City or town) Bates (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? First Baptist Church Building
(Specify type of place)

(e) While at work? Yes (c) Means of injury

23. Signature Guido A. Lusk Jr. (M. D. ~~or other~~) O

Address Butler, Mo Date signed 2/14/45

1306 (Licensed Embalmer's Statement on Reverse Side)

MAR 2 1945

OCT 18 1946

RECEIVED
District Health Officer No. 7
District File Number 1-45-136
Date Filed 2-28-45
MAR 27 1945

MAR 20 1945

**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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.**