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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15834

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 19-1948

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

(c) City or town Cuba 28
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Chester W. Pinnell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Dec. (Month) 11 (Day) 1921 (Year)

8. AGE: Years 26 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Cuba (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Frank B. Pinnell
13. Birthplace Cuba (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Grace B. Minor
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Frank B. Pinnell
(b) Address Cuba, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kinder Cemetery

18. (a) Signature of funeral director Franklin Funeral Home
(b) Address Cuba Mo.

19. (a) 5-28-48 (Date received local registrar) (b) [signature] (Registrar's signature) 277

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 28
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 5, 1948, to May 27, 1948;
that I last saw him alive on May 26, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anoxia	hrs
Due to: Bronchopneumonia	4 wks
Due to:	
Other conditions: Spastic paraplegia (Include pregnancy within 3 months of death)	21 yrs

Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature F. A. Elders, Md (M. D. or other) M.D
Address Cuba, Mo Date signed 5-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-1-48
District Health Officer No. 5,
District File Number 648378
Date Filed 6-1-48

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 James Robert Chapman, Registered Apprentice No. 2, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.