

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34862

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY <u>St. Francois.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington.</u>				
b. CITY OR TOWN <u>Elvins</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Tiff. Rural #1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Hampton Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural.</u>				
3. NAME OF DECEASED (Type or Print) <u>EMMA (N.M.N.) PINSON</u>			4. DATE OF DEATH <u>Oct, 28th 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIAGE STATUS <u>WIDOWED</u>		8. DATE OF BIRTH <u>June 15th 1865</u>		
9. AGE (In years, last birthday) <u>87</u>		10. MONTHS <u>4</u>		11. DAYS <u>13</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Old Mines, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Christopher</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Jefferson Davis Pinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.W. Boutell, 6237 Chumbar Ave. St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Myocarditis</u> MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>431X</u>								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>10-22, 1949</u> , to <u>10-28, 1949</u> , that I last saw the deceased alive on <u>10-28, 1949</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.D. Morris, M.D.</u>				23b. ADDRESS <u>Elvins, Mo.</u>		23c. DATE SIGNED <u>10-31-49</u>		
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>10-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackwell Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Blackwell, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 31, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Mothershead</u>		ADDRESS <u>He Sub Mo.</u>		

(Licensed Employer's Statement on Reverse Side)

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

RECEIVED 11-7-49

District Health Officer No. 4

District File Number 1149-142

Date Filed

11/7/49
1149-142

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
Student Embalmer

Signed *J. E. Mothershead*

Licensed Embalmer No. 3531

P. O. Address *Des Moines*

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.