

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35478

State File No. 9173

BIRTH NO. 68572-49		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Cuba		28	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS U.R.			
3. NAME OF DECEASED (Type or Print) a. (First) Ronnie			b. (Middle) Ray		c. (Last) Pinnell		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 23, 1949		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Pinnell		13b. MOTHER'S MAIDEN NAME Florence Menz		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Pinnell, Cuba, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Premature Birth</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Following Surgery for</i> DUE TO (c) <i>Strangulated Dermoid Cyst</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>None</i>		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) <i>159</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>776X</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1:45 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Edwin J. Pittman, D.O.</i>				23b. ADDRESS <i>16 Hampton Village Plaza</i>		23c. DATE SIGNED <i>10-25-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10-24-49</i>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Cuba, Mo.</i>		
DATE REC'D. BY LOCAL REG. <i>OCT 25 1949</i>		REGISTRAR'S SIGNATURE <i>L. B. Sauter</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Shanklin Funeral Home, Cuba, Mo.</i>		

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

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..... No Embal

Licensed Embalmer No.....

P. O. Address.....

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.