

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lee's Summit		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit, 0	
c. LENGTH OF STAY (in this place) 12 Yrs.		d. STREET ADDRESS (If rural, give location) 207 So. Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. R.R. at 6th St.			

3. NAME OF DECEASED a. (First) Amy b. (Middle) Armistice c. (Last) Pinnell			4. DATE OF DEATH (Month) (Day) (Year) 4 20 1950		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1919	9. AGE (in years last birthday) 31	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) East Lynne, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME James D. Selver		13b. MOTHER'S MAIDEN NAME Ellen Dillon		14. NAME OF HUSBAND OR WIFE Robert T. Pinnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Arteela Mickelson, 3930 Euclid, K.C.M.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Completely mangled Body		INTERVAL BETWEEN ONSET AND DEATH 2 8 1/2 27
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Distal + Inspection		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) R.R. track	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Lee's Summit Jackson 48 MO (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-20-50 2:43 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by train	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mush A. Owens Coroner		23b. ADDRESS 1034 Rio Rio Bldg		23c. DATE SIGNED 4-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-1950	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	

DATE REC'D BY LOCAL REG. 4/22/50	REGISTRAR'S SIGNATURE Donald C. Earnshaw	FUNERAL DIRECTOR'S SIGNATURE W.B. Kingford	ADDRESS Lee's Summit, MO.
----------------------------------	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0481
3

APR 25 1950

JUN 6 1950

JUN 6 1950

MAY 23 1950

STATEMENT BY LICENSED EMBALMER

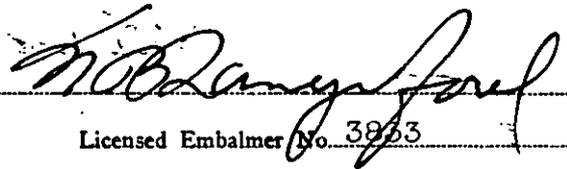
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3863

P. O. Address Lee's Summit, Missouri

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.