

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25163

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6450

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25163		Registrar's No. 6450						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Crawford										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leasburg 0280								
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 1										
3. NAME OF DECEASED (Type or Print)			a. (First) Eura			b. (Middle) Ellen			c. (Last) Pinnell			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 26, 1882			9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Liberty Twp., Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Rufus L. Browning				13b. MOTHER'S MAIDEN NAME Frances Brown				14. NAME OF HUSBAND OR WIFE George O. Pinnell						
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 ADDRESS Everett Pinnell, Bourbon, Mo.								
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Massive anasarca</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic heart disease</i> <i>Arteriosclerotic nephrosclerosis to mo.</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>		
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)								
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? <i>H&H</i>								
22. I hereby certify that I attended the deceased from <i>May 15, 1950</i> to <i>26 July 1950</i> that I last saw the deceased alive on <i>26 July 1950</i> and that death occurred <i>at 11:10 p.m.</i> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <i>Richard H. Jones M.D.</i>					23b. ADDRESS <i>3720 Washington St. Louis</i>					23c. DATE SIGNED <i>27 July 50</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-27-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Liberty</i>			24d. LOCATION (City, town, or county) (State) <i>Steeleville, Mo.</i>							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>											

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1954

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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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Elmo R. Pashwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.