

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

286

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (in this place) <u>16 yrs. 9 mo 24 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		d. STREET ADDRESS (If rural, give location) <u>1014 No 10 St</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Pinzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>3</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 3 1883</u>
9. AGE (In years last birthday) <u>68</u> Months <u>1</u> Days _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Delaware Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Oscar Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Snuffer</u>	14. NAME OF HUSBAND OR WIFE <u>George Pinzel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lolaude Roberts</u>
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.		17. ADDRESS <u>1212 So 11th St, St. Joseph, Mo</u>

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) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>355X</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Huntington's chorea</u>		
		DUE TO (c) _____ II. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Jan 1, 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Forrest Thomas</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St Hospital No 2 St Joseph Mo</u>	23c. DATE SIGNED <u>2/3-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>use as cadaver</u>	24b. DATE <u>2-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College of Osteopathy, Kirksville, Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Feb 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Lolaude Roberts</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address. *St Joseph 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.