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S. No. 300
v. 10. 48
23103

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

745

State File No.

JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Daviess - Benton top rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Ringgold</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Highway 09</u> c. LENGTH OF STAY (in this place) <u>--</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
TOWN <u>5 Mi. N. Pattonsburg</u>		TOWN <u>Mt. Ayr, Rural, Iowa</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Richard</u> c. (Last) <u>Pine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/13/52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 10, 1891</u>	9. AGE (In years) (Months) (Days) <u>60 Yrs</u>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Franklin Pine</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzy House</u>	14. NAME OF HUSBAND OR WIFE <u>Orville Pine, Diagonal, Iowa</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Pine, Diagonal, Iowa</u>	ADDRESS <u>-----</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck to death</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Car collision, gas tank exploded, igniting inside of car)</u> DUE TO (c) <u>-----</u>		
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 <u>E 8164</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 Mi N Pattonsburg</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hilkey 69 031 Daviess Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-13-52 12:15 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car collision</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1-13, 1952, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos E. Nelson M.D. Coroner</u>	23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>1-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lenox Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lenox Taylor Co., Iowa</u>
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DATE REC'D BY LOCAL REG. <u>21 Jan 1952</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>-----</u>	ADDRESS <u>Pattonsburg, 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 _____

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Louis J. Rust

Licensed Embalmer No. 4096

P. O. Address Patterson, 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.