

STANDARD CERTIFICATE OF DEATH

JUL 15 1957

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 104

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Missouri 0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 207 East Second Street	

3. NAME OF DECEASED (Type or Print) ROSE	a. (First) MARY	b. (Middle) PINNELL	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1952
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 27, 1927	9. AGE (In years last birthday) 24	10 UNDER 1 YEAR Months 10	11 UNDER 24 HRS. Days 6	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry Delbrugge	13b. MOTHER'S MAIDEN NAME Bertha Boy	14. NAME OF HUSBAND OR WIFE Russell Pinnell
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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)	16. SOCIAL SECURITY NO. 198-22-0061	17. INFORMANT'S SIGNATURE OR NAME Earl Delbrugge, Union, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hematoma; Contusion, liver; contusion both kidneys, contusions, 21 chest.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto accident on 28 June 52.		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Name		E8234 32	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Union, Mo. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 28 June, 1952, to 3 July, 1952, that I last saw the deceased alive on 2 July, 1952, and that death occurred at 3:05A m., from the causes and on the date stated above.

23a. SIGNATURE Raymond J. Basso, M.D.	(Degree or title)	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 3 July 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Martins	24d. LOCATION (City, town, or county) (State) Highridge, Missouri
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DATE REC'D BY LOCAL REG. July 3, 1952	REGISTRAR'S SIGNATURE J. P. Schumann by J. P. Schumann	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Schumann	ADDRESS Union, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1955

FEB 14 1955

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 B. J. Ottmann.....

Licensed Embalmer No. 1686.....

P. O. Address Union, 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.