

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1071</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL, and give township) <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>5 yrs 4 months</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>St Joseph</u>		0113		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				d. STREET ADDRESS (If inst., give location) <u>County Infirmary</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>Edward W.</u> c. (Last) <u>Pinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb 18 1870</u>		
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u>		
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Phillip Pinger</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Welter</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>D. C. Cassin</u> ADDRESS <u>State Hospital #2</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* <u>Decompensated heart</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> <u>10 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) <u>Senile dementia</u> <u>5 yrs +</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>					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?				
22. I hereby certify that I attended the deceased from <u>10-4 1952</u> , to <u>10-5 1952</u> , that I last saw the deceased alive on <u>10-4 1952</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Cassin MD</u> (Degree or title)				23b. ADDRESS <u>State Hospital #2</u>		23c. DATE SIGNED <u>10-5-1952</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 9 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Missouri</u>		
DATE REC'D BY LOCAL REG. <u>October 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cassin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamatus Malone</u>		ADDRESS <u>St Joseph Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0113

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 Charles E. Bennett

Signed
Student Embalmer

Licensed Embalmer No. 4677

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.