

FILED NOV 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35417

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 8001 Registrar's No. 455

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>904 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burleigh</u> b. (Middle) _____ c. (Last) <u>Pinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10-52</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 23, 1906</u>		9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Free Surgeon</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morris, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Free Surgeon</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Care of Trees</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Morris, Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Charley Pinson</u>			13b. MOTHER'S MAIDEN NAME <u>Zula Fain</u>			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Zula Pinson</u> ADDRESS <u>904 Broadway Joplin</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>about 12 hours</u>	
		ANTECEDENT CAUSES Hypertensive cardiovascular disease, decompensated. Hypertension. Rheumatoid arthritis. Syphilis (late latent) treated.						over a year. over a yr. Several years.	
		DUE TO (b) _____ 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 <u>0281</u>						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)	
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 8/28, 1951, to 10/10, 1952, that I last saw the deceased alive on 10/10, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm S. Buxtonworth, M.D.</u>		23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		23c. DATE SIGNED <u>10/11/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-15-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Joplin Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/829

Date Filed 10-27-52

NOV 8 1952

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 W. E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.