

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1866
State File No.

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) 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. LENGTH OF STAY (In this place) <u>60 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>424 COX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 COX</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>PINKARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 20, 1893</u>
9. AGE (In years last birthday) <u>60</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOBILE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>THOMAS PINKARD</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA STINNETT</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH M. PINKARD</u>
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>RUTH M. PINKARD</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>GUNSHOT WOUND (38 CAL.) HEAD</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FATAL</u> DUE TO (c) <u>E976XA</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HAD PULMONARY TUBERCULOSIS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME - 424 S. COX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-30-53 11pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>PUR MUZZLE OF 38 CAL PISTOL NEAR RT. TEMPORAL AREA AND PULLED TRIGGER</u>	
22. I hereby certify that I attended the deceased from <u>DID NOT ATTEND</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. C. W. Hurst</u>		23b. ADDRESS <u>W. C. W. Hurst, 1178 1/2 S. Adams, Joplin, Mo.</u>	23c. DATE SIGNED <u>2-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
DATE REC'D BY LOCAL REG. <u>2-3-53</u>	REGISTRAR'S SIGNATURE <u>W. C. W. Hurst</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlst Glover</u>	ADDRESS <u>Joplin</u>

495
1
Dr. W. W. Hurst

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

(Licensed Embalmer's Placement on Reverse Side)

RECEIVED

2-9-53

Jasper County Health Office

County File Number 130

Date Filed 2-9

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 Dale Glover

Licensed Embalmer No 4593

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.