

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

1933

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 3031 Registrar's No. 5

1502
 1

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u> <u>0502</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 Cedar St.</u>			d. STREET ADDRESS (If rural, give location) <u>503 Cedar St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hardy</u>		b. (Middle) <u>REE</u>	c. (Last) <u>Pinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 20 53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 23, 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road Grader</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madden Richwoods, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James R. Pinson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Madden</u>		14. NAME OF HUSBAND OR WIFE	
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Couch, De Soto, Mo.</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>Pulmonary tuberculosis, 4 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>arteriosclerotic heart disease, with myocardial insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years +</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)		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 <u>May</u> , 19 <u>50</u> , to <u>Jan 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>52</u> , and that death occurred at <u>P. A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>			23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>1-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Blackwell, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-22-53</u>	REGISTRAR'S SIGNATURE <u>Marie Parke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, De Soto, Mo.</u>		

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 27 1953

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

Joe Mathershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.