

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13779

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 3099
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) De Soto		
c. LENGTH OF STAY (in this place) 37 Days		d. STREET ADDRESS (If rural, give location) 242 No. Eleventh St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) Jessie		b. (Middle) Claris		c. (Last) Pinson
4. DATE OF DEATH Apr. 6, 1955				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1900	9. AGE (in years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Iron County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John W. Harper		13b. MOTHER'S MAIDEN NAME Effie Isgriggs	14. NAME OF HUSBAND OR WIFE Joseph Pinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-22-8913	17. INFORMANT'S SIGNATURE OR NAME Joseph Pinson ADDRESS DeSoto, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon ANTECEDENT CAUSES 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.		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
19a. DATE OF OPERATION 3/21/55		19b. MAJOR FINDINGS OF OPERATION Perforating Obstructing Carcinoma of Colon		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 153x	
22. I hereby certify that I attended the deceased from 3:15 1955 , to 4:16 , 1955 , that I last saw the deceased alive on 4/6 , 1955 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE James T. Howland M.D. (Degree or title)		23b. ADDRESS 106 66 Central		23c. DATE SIGNED 4/6/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) De Soto, Mo.
DATE REC'D BY LOCAL REG. APR 7 1955		REGISTRAR'S SIGNATURE J. Lee Mothershead		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead ADDRESS DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Andrew H England

Licensed Embalmer No. 4745

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.