FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26757

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big River Twp
c. LENGTH OF STAY (In this place): 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Big River Twp
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Andrew
c. (Last): Pinnell

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 11, 1874
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 5, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Fletcher, Mo. Jefferson
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Pinnell
13b. MOTHER'S MAIDEN NAME: Mary Merseal
14. NAME OF HUSBAND OR WIFE: Maude Pinnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Olive Baker, St. Clair, Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal ulcer, chronic, with obstruction — INTERVAL BETWEEN ONSET AND DEATH: 7 months

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1955, to Aug 20, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE: Thomas A. Dorrell M.D. (Degree or title)
23b. ADDRESS: DeSoto, Mo.
23c. DATE SIGNED: Aug 22, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 23, 1955
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24d. LOCATION (City, town, or county) (State): St. Clair, Missouri

DATE REC'D BY LOCAL REG.: 8-22-55
REGISTRAR'S SIGNATURE: Kathleen Marsden
FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jesse Bahr - St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 24 1955

AUG 24 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. Jesse Gale

Licensed Embalmer No. 44

P. O. Address St. James,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.