

STANDARD CERTIFICATE OF DEATH

26758

FILED AUG 29 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Central)		c. CITY OR TOWN Rural-Central	
c. LENGTH OF STAY (in this place) 15 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3 Festus, Mo.		STREET ADDRESS (If rural, give location) Rt. 3 Festus, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) Jerome	c. (Last) Pinson	4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Mdse.	11. BIRTHPLACE (City and State or Foreign Country) Victoria, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Aaron Pinson	13b. MOTHER'S MAIDEN NAME Jennie McKee	14. NAME OF HUSBAND OR WIFE Lulu Marsden Pinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-403092	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. E. J. Pinson Rt. 3 Festus, Mo.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	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. Gen. arterio sclerosis		years years	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **June 15, 1954**, to **Aug 16, 1955**, that I last saw the deceased alive on **May 6, 1955**, and that death occurred at **4:00a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harv. Mothershead M.D.	23b. ADDRESS DeSoto, Mo	23c. DATE SIGNED Aug 17, 55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/18/55	24c. NAME OF CEMETERY OR CREMATORY Hillsboro	24d. LOCATION (City, town, or county) (State) Hillsboro Mo.
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DATE REC'D BY LOCAL REG. 8-18-55	REGISTRAR'S SIGNATURE Kathleen Marsden	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. Lee Mothershead DeSoto, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 24 1955

AUG 24 1955

NOV 20 1967

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

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