

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1004

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield,</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2822 W. Madison</u>		Length of stay in lb <u>7 months</u>	d. STREET ADDRESS (If outside, give location) <u>2822 W. Madison</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Garland</u> Middle <u>Eugene</u> Last <u>Pinner</u>			4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 23, 1923</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Football Coach</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		11. BIRTHPLACE (City and state or country) <u>Miami, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13. FATHER'S NAME <u>John Pinner</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>
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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) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>560-26-4902</u>	17. INFORMANT <u>Mrs. Margaret Pinner, Springfield,</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASPHYXIAATION DUE TO CARBON MONOXIDE GAS</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SEE 20B</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Found in Auto in his Close Garage with hose from Exhaust Pipe</u>	
20c. TIME OF INJURY Hour <u>6:55</u> Month, Day, Year <u>JAN. 30, 1957</u>	<u>HAVING BEEN RUN INTO CLOSED CAR. HISTORY OF DEPENDENCY. MOTOR DEAD WITH IGNITION STILL IN BATTERY DEAD</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage of his Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Springfield, Greene, Missouri</u>

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ralph H. Plouffe, Coroner</u>	22b. ADDRESS <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>31/Jan/1957</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 4, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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24. FUNERAL DIRECTOR <u>Coroner's Office</u>	ADDRESS <u>Springfield, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>2-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Constance Williamson</u>
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(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FEB 8 1957
FEB 5 1957

FEB 28 1957

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

L. Duvalin Gorman

Licensed Embalmer No. 317

P. O. Address *Springfree*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.