No. 300
10.48

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

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1738

BIRTH NO. 124 40661-56 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 33-96 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Valle
c. LENGTH OF STAY (In this place): 7 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3, DeSoto, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN: Rural-Valle
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rt. 3, DeSoto, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Allen
c. (Last): Pinson

4. DATE OF DEATH (Month) (Day) (Year): 1/17/1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: June 15, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 7 Days: 2 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John H. Pinson
13b. MOTHER'S MAIDEN NAME: Helen Schutte
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John H. Pinson Rt.3, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute gastro-enteritis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

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.* acute bronchitis (viral — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 500X
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* Jan 15, 1957, *to* Jan 17, 1957, *that I last saw the deceased alive on* Jan 17, 1957, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Noel V. McKinstry M.D.
23b. ADDRESS: DeSoto, Mo.
23c. DATE SIGNED: Jan 18, 57.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/57
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): DeSoto, Mo.

DATE REC'D BY LOCAL REG.: 1-19-57
REGISTRAR'S SIGNATURE: Marie Harrison
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Lee Mothershead DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 21 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. Englar

Licensed Embalmer No. 47

P. O. Address De Soto,

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