

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57022307  
STATE CASE NUMBER

FILED JUL 10 1957

Registration District No. 316 Primary Registration District No. 6068 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <b>St. Francis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Rural Big River</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Blackwell</b> 0940 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Blackwell</b>		d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <b>14 years</b>			

3. NAME OF DECEASED (Type or print) <b>Susan Melzina Pinson</b>			4. DATE OF DEATH <b>June 28, 1957</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>Oct. 26, 1868</b>		
9. AGE (In years last birthday) <b>88</b>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>
11. BIRTHPLACE (City and state or country) <b>Washington Co., Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Nathan Pinson</b>			14. MOTHER'S MAIDEN NAME <b>Mary Pinson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Ira Whaley - Blackwell, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gen. arterio-sclerosis</b>		
DUE TO (c) <b>331x</b>		
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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>9:15</b> Month, Day, Year <b>June 23, 1957</b> a. m. <b>11:00</b> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **June 23, 1957 to June 28, 57** and last saw her <sup>her</sup> <sub>seen</sub> alive on **June 23, 57**  
Death occurred at **9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <b>Thor V. Neff, M.D., Peabody, Mo.</b>	22b. ADDRESS <b>Peabody, Mo.</b>	22c. DATE SIGNED <b>June 24, 57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6 - 30 - 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Blackwell, Mo.</b>
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24. FUNERAL DIRECTOR <b>J. Lee Mothershead</b>	ADDRESS <b>De Soto, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>June 29, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *J. S. E. Mothershead*

Licensed Embalmer No. *30*

P. O. Address *D. S. A.*

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.