

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024418

FILED VS. JUL 21 1959 3

Primary Registration District No. 0000

Registrar's No. 249

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau TWP.</u>		Length of stay in 1b <u>23 yrs</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. # 1</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rufus Bryan Pinkston</u>				4. DATE OF DEATH Month Day Year <u>July 8, 1959</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>9/28/1896</u>		9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Foreman for Frisco R.R.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Tennessee</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John Pinkston</u>				13b. MOTHER'S MAIDEN NAME <u>Alice Hammel</u>				14. NAME OF HUSBAND OR WIFE <u>Lovie Williams</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Pinkston</u> <u>Mrs. Lovie Pinkston-Cape Girardeau</u>							
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>Convulsions Cause undetermined to hrs</u> <u>Alcoholism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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 a.m. p.m.		Month, Day, Year											
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 <u>9-4-52</u> to <u>7-8-59</u> and last saw <u>him</u> alive on <u>5-15-59</u> Death occurred at <u>5:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Frank Hall M.D.</u>						22b. ADDRESS <u>Cape Girardeau, Mo.</u>				22c. DATE SIGNED <u>7-13-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/10/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lorimior Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>							
24. FUNERAL DIRECTOR ADDRESS <u>L. L. Haman-Cape Girardeau, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-16-59</u>		26. REGISTRAR'S SIGNATURE <u>Drew Kasten</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8 1001

MAR 16 1960

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 Howard B. Loman

Licensed Embalmer No. 4122
P. O. Address Cape Girardeau

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.