URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-005317

STATE FILE NUMBER

FILED VS FEB 23 1960

NDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in 1b 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 203 S. Laffeyette — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Arlis Middle Gamble Last Pinson

4. DATE OF DEATH Month Feb. Day 1 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 13 1884
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minster
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (City and state or country) Birmingham, Ala.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Martha Pinson

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. 495-16-5510
17. INFORMANT Martha Pinson Address Doniphan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Failure, Heart, right side — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fibrosis, lungs, bilateral, — unknown
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-26-60, to 2-1-60 and last saw her/him alive on 2-1-60
Death occurred at Poplar Bluff Hosp 400p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Macauley MD
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 2-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 3, 1960
23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery
23d. LOCATION (City, town, or county) (State) Doniphan, Missouri

24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. 2/10/60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Gene H Parren

Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Taylor,

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