

**FILED DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-023712**

FILED VS JUN 22 1960

178

56

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewistown</b>		Length of stay in 1b <b>5 wks</b>	c. CITY OR TOWN <b>Edina</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Edina</b>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Pearl</b> Middle <b>VanBuren</b> Last <b>Pinson</b>			4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1960</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4 Aug '1883</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-watch Repair</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Knox County</b>	11. BIRTHPLACE (City and state or country) <b>Knox County</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Lazarus Pinson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Barnhill</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Iva Rourke</b>	Address <b>Edina, Mo</b>
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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) <b>Embolism (Coronary)</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombosis</b>	
	DUE TO (c) <b>Arterio Sclerosis -</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Extreme Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <b>Edina</b>	COUNTY <b>Knox</b>	STATE <b>Mo</b>
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21. I attended the deceased from **May 1960** to **8 June 60** and last saw <sup>her</sup> him alive on **1 June 60**  
Death occurred at **D.O.A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>John W Wells D.O.</b>	22b. ADDRESS <b>Lewis Tower Mo</b>	22c. DATE SIGNED <b>9 June 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10 June '60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harmony Cemetery</b>	23d. LOCATION (City, town, or county) <b>Knox County, Mo</b>
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24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME</b>	ADDRESS <b>Edina, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>6-16-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. H. H. P. 7, 1952

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed W. H. H. P.

Licensed Embalmer No. 504

P. O. Address Edina,

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.