

FILED JUN 21 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

CERTIFICATE OF DEATH

124

68 0024055

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

Registration District No. 88 Primary Registration District No. 4449 Registrar's No. 28

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST 1. Joseph Andrew Pinson		SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 6-15-1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 5. 70 3 26	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 2-19-1898	COUNTY OF DEATH 7. Crawford
CITY, TOWN, OR LOCATION OF DEATH 7a. Cuba Mo. Etc. 1	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. No	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. At Home	7d. Box 76 Cuba, Mo
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 7e. Missouri	CITIZEN OF WHAT COUNTRY 7f. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7g. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 7h. Stella
SOCIAL SECURITY NUMBER 8. 569-24-2689T	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 9. Street Maintenance	KIND OF BUSINESS OR INDUSTRY 10. Street Maintenance	11. MANTHAN
RESIDENCE—STATE COUNTY 12a. Missouri 12b. Crawford	CITY, TOWN, OR LOCATION 12c. Cuba, Etc. 1	INSIDE CITY LIMITS (SPECIFY YES OR NO) 12d. No	STREET AND NUMBER 12e. Box 76
FATHER—NAME FIRST MIDDLE LAST 13. James Albert Pinson	MOTHER—MAIDEN NAME FIRST MIDDLE LAST 14. Nan Reeves		

INFORMANT—NAME 15. Stella Pinson	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 16. Box 76 Cuba, Mo. 6-5453
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
18. IMMEDIATE CAUSE (a) Gunshot Wound (Cartridge Injury Verified) (b) Bullet entered At Side of Head (c) Immediate	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b. Inadequate
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. No	DATE OF INJURY (MONTH, DAY, YEAR) 20b. 6-15-1968	HOUR 20c. 1:05 P.M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO) 20d. No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20e. At Home	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20f. Etc. 1, Box 76, Cuba, Mo. 6-5453		

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. MONTH DAY YEAR TO MONTH DAY YEAR 21b. 6-15-1968	AND LAST SAW HIM/HER ALIVE ON 21c. MONTH DAY YEAR 21d. 6-15-1968	I DID NOT VIEW THE BODY AFTER DEATH. 21e. YES OR NO 21f. No	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21g. MONTH DAY YEAR 21h. 6-15-1968
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 6-15-1968	HOUR OF DEATH 22b. 1:05 P.M.	THE DECEASED WAS PRONOUNCED DEAD 22c. MONTH DAY YEAR 22d. 6-15-1968	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Paul A. Shanklin, Coroner	SIGNATURE 23b. Paul A. Shanklin	DEGREE OR TITLE 23c. Coroner	DATE SIGNED (MONTH, DAY, YEAR) 23d. 6-15-1968
MAILING ADDRESS—CERTIFIER 23e. Box 8, Cuba, Mo. 6-5453	STREET OR R.F.D. NO., CITY OR TOWN, STATE 23f. Box 8, Cuba, Mo. 6-5453		

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Cross Roads Cem.	LOCATION 24c. Leansboro	CITY OR TOWN 24d. Mo.
DATE (MONTH, DAY, YEAR) 24e. 6-17-1968	FUNERAL HOME—NAME AND ADDRESS 24f. Butler Funeral Home, Inc., Cuba, Mo. 6-5453	STREET, OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 24g. Cuba, Mo. 6-5453	
FUNERAL DIRECTOR—SIGNATURE 25a. Paul A. Shanklin	REGISTRAR—SIGNATURE 25b. Warren L. Beck	DATE RECEIVED BY LOCAL REGISTRAR 25c. 6-19-68	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

89-6-6

898 9 8 WNT

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 Don D. Britton

Licensed Embalmer No. 5390

P. O. Address Cuba, 122a

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.