No. 300
10.48

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2066

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 804 Carleton ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
d. STREET ADDRESS (If rural, give location): 804 Carleton ave

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Ralph
c. (Last): Pinion

4. DATE OF DEATH (Month) (Day) (Year): Jan 12 1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug-9-1888
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY: M. D.
11. BIRTHPLACE (State or foreign country): Dixie Ky. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Pinion
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Dixon
14. NAME OF HUSBAND OR WIFE: Oma Pinion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Oma Pinion — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c): 5 A.O

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent appendectomy (2 weeks prior to death)

19a. DATE OF OPERATION: 11/23/49
19b. MAJOR FINDINGS OF OPERATION: Acute Appendicitis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/23, 1948, *to* 1/12, 1949, *that I last saw the deceased alive on* 1/12, 1949, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Castles, M.D.
23b. ADDRESS: Caruthersville Mo.
23c. DATE SIGNED: 1/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan-14, 1949
24c. NAME OF CEMETERY OR CREMATORY: Little Prairie
24d. LOCATION (City, town, or county) (State): Caruthersville Mo.

DATE REC'D BY LOCAL REG.: Jan. 22 1949
REGISTRAR'S SIGNATURE: Tressie B. Wilks
25. FUNERAL DIRECTOR'S SIGNATURE: Noel C. Dean — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-49-34

APR 23 1951

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.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carthageville, Mo.

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.