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

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31537

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 331

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL, MARION TWP
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL. 94
d. STREET ADDRESS (If rural, give location) NEAR FARMINGTON 0 0

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) TILDON c. (Last) PINKSTON
4. DATE OF DEATH (Month) (Day) (Year) SEPT 16 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 26 1876
9. AGE (In years last birthday) 73. IF UNDER 1 YEAR Months 3 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MO. STE. GENEVIEVE COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. DAVID PINKSTON
13b. MOTHER'S MAIDEN NAME FELISTA FREEMAN
14. NAME OF HUSBAND OR WIFE JESSE HUGHES.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME MARCUS PINKSTON ADDRESS FARMINGTON MO.

MEDICAL CERTIFICATION

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.

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis 4701

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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* 12-10, 1946 *to* 9-16, 1949, *that I last saw the deceased alive on* 9-10, 1949, *and that death occurred at* 9-16 12:05 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE F. Richard Crouch (Degree or title) M.D.
23b. ADDRESS Farmington, Mo.
23c. DATE SIGNED 9-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT 18 1949
24c. NAME OF CEMETERY OR CREMATORY PARK VIEW CEM.
24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO

DATE REC'D BY LOCAL REG. Sept. 19, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. A. Cozean ADDRESS ~~City~~ Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

...IVED 9-26-49

...lth Officer No. 4

...Number 949-12

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 _____
Student Embalmer

Signed C. Hozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo

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.