

FILED OCT 15 1951

STANDARD CERTIFICATE OF DEATH

36193

State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peters mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peters</u> <u>112th</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Susan</u> b. (Middle) <u>Bell</u> c. (Last) <u>Pinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 29 1874</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	11. IF UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Old mine mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Queen Garbrough</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Sance</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alice Strous</u>	18. ADDRESS <u>Peters mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia R. d. d.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following</u> DUE TO (c) <u>Thrombosis femoral</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vein left leg</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>466x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/1 1951, to 10/3 1951, that I last saw the deceased alive on 10/2 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Reswell</u>	(Degree or title)	23b. ADDRESS <u>Peters</u>	23c. DATE SIGNED <u>10/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/6/51</u>	REGISTRAR'S SIGNATURE <u>H. Lutruk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr</u>	ADDRESS <u>Peters mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 2

WASH. COUNTY HEALTH DEPT.
File No. 1051-241

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Edisto 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.