

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24027**  
Registrar's No. **19-1952**

**FILED JUL 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **4149**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Crawford</b>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Crawford</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Cuba</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>2280</b>   |  |
| c. LENGTH OF STAY (In this place) <b>Life</b>                                    |  | d. STREET ADDRESS (If rural, give location) <b>0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>                           |  |  |  |

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>Charles Harrison Pinnell</b>                                    |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <b>7-8-1952</b>    |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>9-19-1872</b>                           |  | 9. AGE (In years last birthday) <b>79</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MARKET</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>MARKET SHOP</b>                  | 11. BIRTHPLACE (State or foreign country) <b>Scotia Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 13a. FATHER'S NAME <b>ASA PINNELL</b>                                       |  | 13b. MOTHER'S MAIDEN NAME <b>CATHERINE McALLISTER</b> |   | 14. NAME OF HUSBAND OR WIFE <b>SADIE E. (TRECCE) PINNELL</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>487-38-3942</b>            | 17. INFORMANT'S SIGNATURE OR NAME <b>SADIE E. PINNELL, Cuba Mo.</b> |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>  |  |  | INTEGRAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____            |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS <b>Metastatic carcinoma of liver</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | <b>6 mon.</b>                                  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                                 |  | 19b. MAJOR FINDINGS OF OPERATION <b>151X</b>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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) (Min.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from June, 1947, to July 8, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 9:45 P. M., from the causes and on the date stated above.

|   |  |                              |  |                                 |  |
|---|--|------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <b>F. A. Elders M.D.</b> (Degree or title) |  | 23b. ADDRESS <b>Cuba Mo.</b> |  | 23c. DATE SIGNED <b>7-11-52</b> |  |
|---|--|------------------------------|--|---------------------------------|--|

|   |                            |  |   |  |  |
|---|----------------------------|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>7-11-1952</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>WINDY CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>Cuba Mo.</b> |  |  |
|---|----------------------------|--|---|--|--|

|   |   |  |  |  |                         |
|---|---|--|--|--|-------------------------|
| DATE REC'D BY LOCAL REG. <b>7-11-1952</b> | REGISTRAR'S SIGNATURE <b>Paul A. Shaulkin</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul A. Shaulkin</b> |  | ADDRESS <b>Cuba Mo.</b> |
|---|---|--|--|--|-------------------------|

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

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**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 *Paul G. Franklin* \_\_\_\_\_

Licensed Embalmer No. *3472* \_\_\_\_\_

P. O. Address *Putta, 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.