

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14812**

No. 300
10.48

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4158 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
c. LENGTH OF STAY (in this place) 1 wk		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Ora	b. (Middle) Natilee	c. (Last) Pinson	May 6, 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 12, 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days IF UNDER 10 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Knox County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas L. Ross	13b. MOTHER'S MAIDEN NAME Nancy W. Smith	14. NAME OF HUSBAND OR WIFE Alonzo L. Pinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) 0	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Albert Pinson Edina Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 20 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) shock (post operation) DUE TO (c) ruptured aortic aneurysm		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-27, 1953, to 5-6, 1953, that I last saw the deceased alive on 5-4, 1953, and that death occurred at 6:46 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. Mahoney M.D. (Degree or title)	23b. ADDRESS Edina Mo.	23c. DATE SIGNED 5-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9 May 1953	24c. NAME OF CEMETERY OR CREMATORY Livville Cemetery	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. May 7-53	REGISTRAR'S SIGNATURE Helle S. Humolt 151-0	25. FUNERAL DIRECTOR'S SIGNATURE Al Primer ADDRESS Edina, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

570
0

1961 OCT 7 AM

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Me.

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.