

5-7590-55
FILED AUG 10 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

24210

State File No. 24210

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo. b. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) DeSoto
c. LENGTH OF STAY (In this place) 6 Mos.

c. CITY OR TOWN DeSoto
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 300 Kingston St.

e. STREET ADDRESS (If rural, give location) 300 Kingston St. 0503

3. NAME OF DECEASED
a. (First) Patricia b. (Middle) Ann c. (Last) Pinson

4. DATE OF DEATH (Month) (Day) (Year)
7/26/56

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH Sept. 11, 1955

9. AGE (In years last birthday) 10

IF UNDER 1 YEAR Months 15 Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) DeSoto, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Glennon L. Pinson

13b. MOTHER'S MAIDEN NAME Ethel Sansoucie

14. NAME OF HUSBAND OR WIFE None

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 ADDRESS
Ethel Pinson DeSoto, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accident due to fall
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) from crib
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
9029

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 45

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)
DeSoto Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur B. Jewell, M.D., Coroner

23b. ADDRESS 303 W. W. H. W.

23c. DATE SIGNED 7-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/28/56

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) DeSoto Mo.

DATE REC'D BY LOCAL REG. 8-2-56

REGISTRAR'S SIGNATURE Marie Harris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. Lee Mothershead DeSoto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

146

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 4 1956

AUG 4 1956

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.....
Signature of Student Embalmer

Signed *L. E. Mothershead*
.....

Licensed Embalmer No. *3531*

P. O. Address *Do to 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.