

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16670

STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 147

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington.</u> <u>03620</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> Length of stay in 1b <u>25 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>703 W. 5th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>A.</u> Last <u>Pinnell</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3rd</u> Year <u>1957.</u>	
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1902</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Grocery & Tavern.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery & Tavern.</u>	
11. BIRTHPLACE (City and state or country) <u>Jake Prairie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Otis Pinnell.</u>		14. MOTHER'S MAIDEN NAME <u>Adie Treece.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No. <u>X</u>		16. SOCIAL SECURITY NO. <u>493-10-5172</u>	
17. INFORMANT <u>Mrs. Anastasia Pinnell</u> Address <u>Washington, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular disease</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>5810</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Oct 8, 1956</u> to <u>June 3, 1957</u> and last saw her alive on <u>June 3, 1957</u> . Death occurred at <u>7:30 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>To Munnell M. D.</u> (Degree or title)		22b. ADDRESS <u>205 E. Washington Mo.</u>	
22c. DATE SIGNED <u>6-4-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 6, 1957.</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Nielburg & Witt, Inc. Washington, Mo.</u>		25. DATE REGD. BY LOCAL REG. <u>6/6/57</u>	
26. REGISTRAR'S SIGNATURE <u>F.R. J. Hickman, G.D.S. Hickman</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATE OF IOWA

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 Vernon C. Vedder, Student Embalmer No. 53 working under my personal supervision.

Student Vernon C. Vedder
Signature of Student Embalmer

Signed Jerome F. Swoobod
Licensed Embalmer No. 45

P. O. Address Washington

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.