

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-022294  
STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY - OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gray's Rest Home</b>		Length of stay in 1b <b>Farmington, Mo.</b>		d. STREET (If outside, give location) ADDRESS <b>Rt. 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>GEORGETTA (none) PINKSTON</b>				4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 22, 1893</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Month <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>G. W. Hutchings</b>				14. MOTHER'S MAIDEN NAME <b>Cynthia Williams</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Stanford Pinkston West Point, Miss.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INANITION &amp; DEBILITATION</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Sev mo</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>CHRONIC FEEDING PROBLEM &amp; MALNUTRITION</b> DUE TO (c) <b>ARTHRITIS DEFORMANS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>7230</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>4:00</b> Month <b>5</b> Day <b>22</b> Year <b>1957</b> a. m. <b>p. m.</b>							
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		CITY <b>Farmington, Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>5-14-57</b> to <b>5-22-57</b> and last saw her alive on <b>5-22-57</b> Death occurred at <b>4:00 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Marvin L. Embree D.D. 2</b>				22b. ADDRESS <b>Farmington, Mo.</b>		22c. DATE SIGNED <b>6-14-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 24, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial US 67 Hwy St. Fran. Co.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Boyer-Benham FH Bonne Terre, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>June 14, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....  
Signature of Student Embalmer

Signed *B. T. Bayard*.....

Licensed Embalmer No. .... 366

P. O. Address ..... Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.