

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037367

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 212

S. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A. Memorial Hospital XXXXX		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) HiWay 66 Rt. 2 4 Mi. W. Rolla		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANK OLIVER PINKSTON			4. DATE OF DEATH Month 5 Day Nov. Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 28 July 1933	9. AGE (In years last birthday) 25 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Middlebrook, Mo.,		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Oscar Pinkston		13b. MOTHER'S MAIDEN NAME Marjorie Rard,		14. NAME OF HUSBAND OR WIFE Jane Pinkston.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. 500-34-4328	17. INFORMANT Address Dillon, Mo., Mrs. Marjorie Rard Pinkston		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stemorrhage & Shock DUE TO (b) Gunshot wounds in chest & back DUE TO (c) Two bullets from .22 cal. pistol				INTERVAL BETWEEN ONSET AND DEATH none	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot by .22 cal pistol			
20c. TIME OF INJURY Hour 11:30 PM Month 11 Day 5 Year 58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Dakota Apartment		20f. CITY, TOWN, OR LOCATION Rolla COUNTY Phelps STATE MO	
21. I attended the deceased from 11:30PM to 11:30PM and last saw her/him alive on 11-7-58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S. E. Hull, Embalmer			22b. ADDRESS Rolla, Mo.		22c. DATE SIGNED 11-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 9 1958	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Missouri.
24. FUNERAL DIRECTOR Null & Sons Funeral Home BY Paul E. Null			ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Nov. 7 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

NOV 13 1958

DEC 29 1958

NOV 19 1958

NOV 20 1958

DEC 8 1958

Date Filed
NOV 10 1958

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 *Paul E. Mull*

Licensed Embalmer No. *4498*

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