

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039044
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 042 Primary Registration District No. Registrar's No. 1319

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hemple		c. CITY OR TOWN Hemple	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. West of Hemple, Mo.		d. STREET ADDRESS (If outside, give location) 025 2mi. N. West, Hemple, Mo.	
Length of stay in 1b 0		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Court Lee Pinson			4. DATE OF DEATH Month Day Year 12/7/1958
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 Aug. 9, 1903
9. AGE (In years at birthday) 55		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mill Worker	11. BIRTHPLACE (City and state or country) Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lee Pinson	
13b. MOTHER'S MAIDEN NAME Anna Compton		14. NAME OF HUSBAND OR WIFE Vernette Pinson	
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. 498-22-4329	17. INFORMANT Address Mrs. Vernetta Pinson, Hemple Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries received in auto accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fast and reckless driving DUE TO (c) IIIIIIIIII			INTERVAL BETWEEN ONSET AND DEATH Instantly
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) (car turned over, Fast & reckless driving	
20c. TIME OF INJURY Hour Month Day Year a.m. 3:15 PM p.m. 12/7/58			
20d. INJURY OCCURRED WHILE AT <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.) Country road	
20f. CITY, TOWN, OR LOCATION Hemple		COUNTY Buchanan STATE Mo	
21. I attended the deceased from Dec 7th '58 to Dec 7th '58 and last saw her/him alive on Dec 7th '58 Death occurred at Country Road - Apt. 3:15P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. W. Tadlock (Degree or title) Act. Coroner		22b. ADDRESS 2727 Jule St	
22c. DATE SIGNED 12/9/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/12/58	
23c. NAME OF CEMETERY OR CREMATORY St Joseph's		23d. LOCATION (City, town, or county) (State) Easton, Mo.	
24. FUNERAL DIRECTOR W. E. Summerfield, Stewartville, Mo.		25. DATE RECD. BY LOCAL REG. Dec 11/1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

MEDICAL CERTIFICATION
Dr. B. W. Tadlock
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *W.E. Sumnerfield*

Licensed Embalmer No. *3007*
P. O. Address *Stewartsville*

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.