URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-012258
STATE FILE NUMBER

FILED VS APR 12 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY St. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. FRANCOIS
c. CITY OR TOWN ELVINS, MO. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) HAMPTON ST. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HOWARD Middle JOSEPH Last PINSON
4. DATE OF DEATH Month APRIL Day 2 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH DEC 10, 1918
9. AGE (last birthday) 41
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING
10b. KIND OF BUSINESS OR INDUSTRY MINING
11. BIRTHPLACE (City and state or country) ELVINS, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CHARLES PINSON
13b. MOTHER'S MAIDEN NAME MARY BOYCE.
14. NAME OF ~~HUSBAND~~ OR WIFE MARGARET PINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-24-4407
17. INFORMANT MRS. MARGARET PINSON Address ELVINS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	UREMIA	UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARDIOVASCULAR RENAL DISEASE	UNKNOWN
DUE TO (c)	HYPERTENSION	UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
NONE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-8-60 to 4-2-60 and last saw her/him alive on 4-2-60
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Paul Dennis M.D. (Degree or title)
22b. ADDRESS Flat River, Mo.
22c. DATE SIGNED 4/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APRIL 5, 1960
23c. NAME OF CEMETERY OR CREMATORY Catholic Cem Flat River
23d. LOCATION (City, town, or county) (State) FLAT RIVER, MO.

24. FUNERAL DIRECTOR R. CALDWELL + SON'S ADDRESS FLAT RIVER, MO.
25. DATE RECD. BY LOCAL REG. Apr. 4, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Donald Dale Caldwell., Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell. Signed R. Caldwell

Signature of Student Embalmer

Licensed Embalmer No. 253

P. O. Address Flat River

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