

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025767

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 24

FILED AUG 15 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central Twp.		Length of stay in 1b 78 Yrs.	c. CITY OR TOWN Victoria
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 3, DeSoto, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 3, DeSoto, Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Lulu (NMN) Pinson		4. DATE OF DEATH Month Day Year Aug. 9, 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/30/80
9. AGE (last birthday) 80		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Hillsboro, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Cornelius Marsden	
13b. MOTHER'S MAIDEN NAME Mary Ellen Whitehead		14. NAME OF HUSBAND OR WIFE Edw. 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.	
17. INFORMANT Wm. Marsden, DeSoto, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inv. arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year			
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 July 21, 61 to Aug 9, 61 and last saw her alive on Aug 9, 1961 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 (Degree or title) Marl V. Wepfmeister M.D.		22b. ADDRESS DeSoto, Mo.	22c. DATE SIGNED Aug 11, 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/61	23c. NAME OF CEMETERY OR CREMATORY Hillsboro	23d. LOCATION (City, town, or county) Hillsboro, Mo.
24. FUNERAL DIRECTOR J. L. Mothershead DeSoto, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8/14/61
		26. REGISTRAR'S SIGNATURE Walter Dillman, Dep	

AUG 28 1961

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.