

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034905

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 62-5970 Primary Registration District No. 390 Registrar's No. 713

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1110

2 0500

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11 111

12 291-3

13 2-0

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>East Creek</u> <u>LOWAN (TWP.)</u>		Length of stay in 1b <u>TRANSIT</u>	c. CITY OR TOWN <u>ARNOLD MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEAR WATPAPELLO MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2042 HILLTOP DR.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LAWRENCE E.</u> Middle <u>PINNELL</u> Last <u></u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>18</u> Year <u>1963</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-1946</u>	9. AGE (last birthday) <u>17-0-20</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT-CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL-RETAIL</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CURTIS PINNELL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. MOSLEY</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>CURTIS PINNELL</u> Address <u>2042 HILLTOP DR. ARNOLD MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHED CHEST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 MIN</u>
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)		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <u>SINGLE CAR ACCIDENT ON HIGHWAY</u>
20c. TIME OF INJURY Hour <u>10:00</u> AM <u>PM</u> Month, Day, Year <u>8-18-1963</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIWAYAY 0</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>LOST CREEK TOWNSHIP WAYNE MO.</u>	COUNTY <u>WAYNE</u> STATE <u>MO.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Morris E. Bowler Coroner</u>		22b. ADDRESS <u>Piedmont, MO</u>	22c. DATE SIGNED <u>8-19-1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-19-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	23d. LOCATION (City, town, or county) (State) <u>JEFFERSON CO. MO</u>
24. FUNERAL DIRECTOR <u>GISH</u>	ADDRESS <u>PIEDMONT, MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-20-1963</u>	26. REGISTRAR'S SIGNATURE <u>Hetta M. Ward</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

AUG 28 1963

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Fredmont, 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.