

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5768-63-040093
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 602 Registrar's No. 5768

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K. C. Mo/Kansas City Length of stay in 1b 1 mon.		c. CITY OR TOWN Lees Summit Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 411 S. Main Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Guyula F. Pinnell		4. DATE OF DEATH Month 10 Day 22 Year 63	
5. SEX Female	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 4-10-1899 9. AGE (last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cuba, Missouri 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Fleming		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Charles A. Pinnell		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. [REDACTED]		17. INFORMANT Address Charles A. Pinnell, Lee's Summit, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CNS malignancy			INTERVAL BETWEEN ONSET AND DEATH 3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain 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
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 _____ Month, Day, Year _____ a.m. _____ p.m.			
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.)	20f. CITY, TOWN, OR LOCATION Lee's Summit COUNTY Jackson STATE Mo	
21. I attended the deceased from 10-21-63 to 10-22-63 and last saw her alive on 10-22-63 . Death occurred at 8:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Morris (Degree or title) MD		22b. ADDRESS 10901 Wimmer Rd	22c. DATE SIGNED 10/23/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Cuba Cemetery	23d. LOCATION (City, town, or county) Cuba, Missouri (State)
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit, Mo.		25. DATE RECD. BY LOCAL REG. 10-24-63	26. REGISTRAR'S SIGNATURE Bessie Smith

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

6/26/67

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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 *N. B. Langford*

Licensed Embalmer No. 4962

P. O. Address Heislemont, 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.