

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27425
Registrar's No. 287

Registration District No. 276

Primary Registration District No. 3059

4
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Rural (If outside city or town limits, write "RURAL") 911
(d) Street No. Route 1 Bonne Terre Mo (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE PHILLIPINE PINKSTON
(b) If veteran, ✓ name war _____
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug, day 27th, year 1948 hour 3 minute 10 A. M.

4. Sex 71 5. Color or race W
6. (a) Single, widowed, married, divorced Married
Name of husband or wife: Lawrence Pinkston 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: Feb. 14 1894 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3, 1948, to Aug 36, 1948, that I last saw her alive on Aug 26, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of liver (metastasis) Duration 6 mos.

8. AGE: Years 54 Months 6 Days 13 If less than one day hr. _____ min. _____

Due to Carcinoma of sigmoid 1 yr.
Due to 46

9. Birthplace R. 1 Bonne Terre Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Carcinoma of sigmoid metastasis of liver Underline the cause to which death should be charged statistically.
Of autopsy _____

MOTHER, FATHER
11. Industry or business _____
12. Name William C. David
13. Birthplace Lawrenceton Missouri (City, town, or county) (State or foreign country)
14. Maiden name Josephine Virginia Hayes
15. Birthplace Lawrenceton Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Pinkston
(b) Address R. 1 Bonne Terre Mo
17. (a) Rural (b) Date thereof Aug 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Marion Chapel

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Stephen J. ...
(b) Address 313 Benham Bonne Terre Mo
19. (a) 9-1-48 (b) Ether Rudloff (Registrar's signature) (Date received local registrar)

While at work? _____ (Specify type of place)
(g) Means of injury _____
23. Signature D. Neal ... (M. D. certifier)
Address Forcemyer, Mo. Date signed 9-30-48

RECEIVED

Health Officer No. 4

File Number 948-112

Date Filed 9-2-48

SEP 7 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Clarence J. Gaywell*

Licensed Embalmer No. *3706*

P. O. Address *Bonne Terre 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 this body is not embalmed, fact should be so stated above.