No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1954

State File No. 28709

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 253

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 103 Photo Bldg

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) Edward c. (Last) Pinkston
4. DATE OF DEATH (Month) (Day) (Year): Aug. 22. 1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 14. 1890
9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days: 8 IF UNDER 24 HRS. Hours Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): R-1 Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: James D Pinkston
13b. MOTHER'S MAIDEN NAME: Nancy C Byington
14. NAME OF HUSBAND OR WIFE: Josephine Pinkston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-20-6759
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorothy Pinkston Bonne Terre Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/20, 1954, *to* 8/22, 1954, *that I last saw the deceased alive on* 8/21, 1954, *and that death occurred at* 2.16 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Mullen MD
23b. ADDRESS: 33 N. Allen, Bonne Terre, Mo.
23c. DATE SIGNED: 8/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 24. 1954
24c. NAME OF CEMETERY OR CREMATORY: Marvin Chapel
24d. LOCATION (City, town, or county) (State): R-1 Bonne Terre Mo

DATE REC'D BY LOCAL REG.: Aug. 23, 1954
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Benham Undertaking Co Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 3

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. J. Claywell

Licensed Embalmer No. 370

P. O. Addres Bonne Ter

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