

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-033593

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7870

STATE FILE NUMBER

FILED AUG 26 1965

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	DATE AMENDED
Rev. 4/59		
1		
2 <u>8120</u>		
3 <u>2</u>		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>1</u>		
8 <u>2</u>		
9		
10		
11		
12 <u>52-0</u>		
13		
52	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		a. STATE <u>Ill.</u> b. COUNTY <u>Williamson</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		c. CITY OR TOWN <u>Bush</u> <u>Bush</u>	
Length of stay in 1b <u>16 days</u>		d. STREET ADDRESS (If outside, give location) <u>Not Streeted</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>ROBERT</u> Middle <u>E.</u> Last <u>PINKSTON</u>		Month <u>August</u> Day <u>13</u> Year <u>1965</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Allens Industries</u>	9. AGE (last birthday) <u>51</u>
11. BIRTHPLACE (City and state or country) <u>Bush, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Doss Pinkston</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Wilks</u>	
14. NAME OF HUSBAND OR WIFE <u>Winnie Pinkston</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	
16. SOCIAL SECURITY NO. <u>WW 11</u>		17. INFORMANT <u>Winnie Pinkston</u> Address <u>Bush Illinois</u>	
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>Bronchogenic carcinoma of lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</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
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.) <u>1621</u>	
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 <u>7/29/65</u> to <u>8/13/65</u> and last saw him ^{her} alive on <u>8/13/65</u> Death occurred at <u>11:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. O. Vermillion, M.D.</u> (Degree or title) M.D.		22b. ADDRESS <u>BARNES HOSPITAL</u>	
22c. DATE SIGNED <u>8/14/65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Aug 16 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blairsville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Blairsville, Ill</u>
24. FUNERAL DIRECTOR <u>Johnson Funeral Home Herrin, Illinois</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>AUG 16 1965</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)