

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16428**

Registration District No. **506**

Primary Registration District No. **6224**

Registrar's No. **69**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: **Wright**

(a) County **Wright**

(b) City or town **Hartville Rural Boone**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)

In this community **64** years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Maude Pitchford**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **C.A. Pitchford**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Dec. 28 1875**
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **22** If less than one day hr. min.

9. Birthplace **Wright Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **R.P. Burris**

MOTHER FATHER

12. Name **R.P. Burris**

13. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Rippee**
(City, town, or county) (State or foreign country)

15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **C.A. Pitchford**

(b) Address **Burial Hartville, Mo.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Apr. 22, 40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Zion Cem.**

18. (a) Signature of funeral director **Gene E. Halloran**

(b) Address **Hartville, Mo.**

19. (a) **4-30-40** (Date received local registrar)

(b) **Ella Clayton** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright**

(c) City or town **Hartville, Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April 20** day
year **1940** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 10-1934**
1934, to **April 20 1940**,
that I last saw her alive on **April 17**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency** Duration **5 yrs 8 months**

Due to _____

Due to _____

Other conditions **92W**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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?
940
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J.R. West** (M. D. certifying)
Address **Hartville** Date signed **4-22**

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville 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, above space should be left blank.