

1420 SEP 24 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28396
Do not use this space.

1. PLACE OF DEATH
 (a) County Dekalb Registration District No. 264
 (b) Township Grant Primary Registration District No. 5367 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
320 Donald Dean Pittsenbarger
 2. PRINT FULL NAME _____
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/19/40
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.
X X X
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Grant Township 0
 (STATE OR COUNTRY) Dekalb Co., Mo.
 FATHER 13. NAME Lawrence U. Pittsenbarger
 14. BIRTHPLACE (CITY OR TOWN) 0
 (STATE OR COUNTRY) Dekalb Co., Mo.
 MOTHER 15. MAIDEN NAME Ida Lorene McColloch
 16. BIRTHPLACE (CITY OR TOWN) 0
 (STATE OR COUNTRY) Harrison Co., Mo.
 17. INFORMANT Mrs. L. G. Pittsenbarger
 (ADDRESS) Maysville, Mo R.F.D. # 7
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairport DATE 8/20/40, 19____
 19. FUNERAL DIRECTOR (NAME) H. S. Gromer
 (ADDRESS) Pattersonburg Mo
 20. FILED Aug-30, 1940 Mrs. Rescher
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/40, 19____
 22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1940, to Aug 19, 1940
 I last saw him alive on Aug 18, 1940. Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Obstetric Delivery
Septicemia
Septicemia
Septicemia
 Date of onset _____
 Other contributory causes of importance: 160 lb
 Name of operation Forceps delivery Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L. S. Gromer, M. D.
 (Address) King City, Mo

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.

RECEIVED

District Health Officer No. 11,

District File Number -----

Date Filed -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ^{not} me, or by

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

working under my personal supervision.

Signed

GS Granger

Licensed Embalmer No. *2857*

P. O. Address

Pattonsburg 7

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.