

DEC 18 1941 84

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

to 4064. 37778

State File No. 17

Registration District No. 84

Primary Registration District No. 4052

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rushville Mo
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

8. (a) PRINT FULL NAME John W. Pitts

8. (b) If veteran name war No 8. (c) Social Security No. No

4. Sex M. C. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stella Pitts 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 29. 1963
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 10 hr. min.

9. Birthplace Rushville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John A. Pitts
13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name Miss East
15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Pitts

(b) Address Archeron Mo

17. (a) Burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director John J. Plough
(b) Address Archeron Mo

19. (a) 12-10-41 (b) L. F. Bengert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rushville
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Dec.
year 1941 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1941, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to General Arteriosclerosis 5 yrs

Due to 9/40

Other conditions (Include pregnancy within 3 months of death)

Man died suddenly while sitting in his chair in his home without previous severe illness.
Major findings: Of operations sitting in his chair
Of autopsy No [monitory warning]
or severe illness.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3 Carover

23. Signature H. F. Mandy (M. D. or other) 3 Carover
Address 404 So. 3d, St. Joseph Mo Date signed 12/8/41

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

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 _____

W. F. Sheevinger

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W. F. Sheevinger

Licensed Embalmer No. _____

3113

P. O. Address _____

Atkinson, N.H.

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.