

S. No. 2
4-13-40
7-5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 8 1948 STANDARD CERTIFICATE OF DEATH

State File No. **29449**

Registration District No. **2**

Primary Registration District No. **5010**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Bolckow 1 1/2 mi N. 2 MS.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **most all of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Madaway**
(c) City or town **Barnard**
(If outside city or town limits, write "RURAL")
(d) Street No. **R B S #1**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Fay Robert Pittsburger**

3. (b) If veteran, name war **no** 3. (c) Social Security No **496-12-4229**

4. Sex **M** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Laura Long Pittsburger** 6. (c) Age of husband or wife if alive **42 years**

7. Birth date of deceased **12 18 51**
(Month) (Day) (Year)

8. AGE: Years **48** Months **17** Days **22** If less than one day hr. min.

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

10. Usual occupation **Farmer & Oil Station**

11. Industry or business

12. Name **Samuel Franklin Pittsburger**

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

14. Maiden name **Nancy Belle Turner**

15. Birthplace **near Barnard, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bolei Turner**

(b) Address **Barnard, Mo**

17. (a) **B** (b) Date thereof **8 16 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bolckow, Cemetery**

18. (a) Signature of funeral director **Campbell Funeral Home**
(b) Address **Marionville, Mo**

19. (a) **8-5-48** (b) **Lillian Sparks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4** year **1948** hour **9** minute **M**

21. I hereby certify that I attended the deceased from **11** to **11**, 19 **48**; that I last saw him alive on **11**, 19 **48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Skull fracture**

Due to **automobile accident**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **170C-8**

Of autopsy **0-1**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Aug 4 - 1948**

(c) Where did injury occur? **near So. Madison Andrew Co.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **in public place**

While at work? (Specify type of place) **0**

23. Signature **Gilbert B. Kellogg, M.D.**
Address **Savannah, Mo** Date signed **8/5/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lillian Sparks Registrar
Mrs Fay Pittsburger, Barnard, Mo.
Mrs Fay Pittsburger, Barnard, Mo.

508 W

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 8
1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.