

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34828

State File No. \_\_\_\_\_

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wentzville</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Taxton</u> b. (Middle) <u>Erroy</u> c. (Last) <u>Pitman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 12-1888</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Under taking</u>	11. BIRTHPLACE (State or foreign country) <u>Howell Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Under taking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise</u>	11. BIRTHPLACE (State or foreign country) <u>Howell Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Pitman</u>	13b. MOTHER'S MAIDEN NAME <u>Pardee Snyder</u>
14. NAME OF HUSBAND OR WIFE <u>Annetta Pitman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-058145</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Annetta Pitman Wentzville</u>		ADDRESS <u>Wentzville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
MORIBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4221	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 18 1949</u> , to <u>Oct. 6 1949</u> , that I last saw the deceased alive on <u>Oct. 6 1949</u> , and that death occurred at <u>9 7/8</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. C. M. Murray M.D.</u> (Degree or title)		23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>10/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct 10 1949</u>	REGISTRAR'S SIGNATURE <u>Walt F. Jull</u>	4408	25. FUNERAL DIRECTOR'S SIGNATURE <u>Annetta M. Pitman</u> ADDRESS _____

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

District File Number \_\_\_\_\_  
RECEIVED 10-20-49  
District Health Officer No. 9,

NOV 1 1949

**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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Albert G. Hopper*.....

Licensed Embalmer No. 2971

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.