

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **89968**

BIRTH NO.		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6202		Registrar's No. 1207	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CARROLL		c. LENGTH OF STAY (In this place) 57 yrs		c. CITY (If outside corporate limits, write RURAL and give township) RURAL CARROLL			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 3MI WEST OF SUMMERSVILLE			
3. NAME OF DECEASED (Type or Print) a. (First) LETHA		b. (Middle)		c. (Last) PITTS		4. DATE OF DEATH (Month) (Day) (Year) NOV. 9 1949	
5. SEX FE.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 29 1882	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 2		IF UNDER 12 Hrs. Days 11		IF UNDER 1 MIN. Hours 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOSEPH SCOTT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HENRY J. PITTS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONARD PITTS SUMMERSVILLE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid 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 checked="" type="checkbox"/>	
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) (Min.)		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 Nov 8, 1949 , to Nov 9, 1949 that I last saw the deceased alive on Nov 9, 1949 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Lawrence Hampton DO				23b. ADDRESS Summersville, Mo		23c. DATE SIGNED Nov 11	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-11-49		24c. NAME OF CEMETERY OR CREMATORY SUMMERSVILLE		24d. LOCATION (City, town, or county) (State) SUMMERSVILLE MO	
DATE REC'D BY LOCAL REG. Nov 19 1949		REGISTRAR'S SIGNATURE Anna Roberto		25. FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott		ADDRESS HOUSTON, MO	

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

107
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Received
Lynn
11-20
9:00

AUG 19 1950

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.

Student
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4076

P. O. Address Houston, 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, fact should be so stated above.