

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5617

State File No.

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5893 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardenville, Lickcreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lickcreek Township</u>	
c. LENGTH OF STAY (in this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Co, Lickcreek Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Co</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nina</u>	b. (Middle) <u>May</u>	c. (Last) <u>Pitcock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1897</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L.C. Culpepper</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Michaux</u>	14. NAME OF HUSBAND OR WIFE <u>E. L. Pitcock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr E.L.Pitcock, Hardenville, Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>		
	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.			<u>170X</u>
19a. DATE OF OPERATION <u>Aug. 1949</u>			

19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 6, 1950, to Mar 1, 1950, that I last saw the deceased alive on Feb 25, 1950, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Hoerman MD</u> (Degree or title)	23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED <u>3/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3.8. 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lillie Ridge, Cemetery</u>	24d. LOCATION (City, town, or county) (State). <u>Ozark, Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-3-50</u>	REGISTRAR'S SIGNATURE <u>William Byrdwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Boardman</u> ADDRESS <u>Gainesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAR 6 1950

District Health Office No. 6,

District File Number 350-312

Date Filed 3-10-50

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 Charles A. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville, Tex.

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.