

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>5222</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Dolan</u>		c. LENGTH OF STAY (in this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Dolan</u>		<u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles S. W. Peculiar</u>				d. STREET ADDRESS (If rural, give location) <u>6 miles S. W. Peculiar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIBALD</u> b. (Middle) _____ c. (Last) <u>PITTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 19, 1856</u>	
				9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months _____ Days _____	
				IF UNDER 10 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Liberty, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Pitts</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Dameron</u>		14. NAME OF HUSBAND OR WIFE <u>Mahala Jane Pitts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr R. Pitts</u>			ADDRESS <u>2700 E. 68 K. C., Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypotension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Natural Causes (age 95)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u> <u>4670</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SURCHIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>40</u> , to <u>December</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>December</u> , 19 <u>51</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Martin V. Robbins, M.D.</u>				23b. ADDRESS <u>Peculiar, Mo</u>		23c. DATE SIGNED <u>2/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/5/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cass Co., Mo.</u>		
DATE REC'D BY LOCAL REG <u>Feb 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barwad</u> <u>457-9</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George & Sons</u> ADDRESS <u>Belton, Mo.</u>			

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

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RECEIVED
FEB 9 1952
CASS COUNTY
HEALTH DEPARTMENT

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed Richard E. Fease

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Benton, 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.