S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2260

State File No. .....

FILED FEB 5 1952

BIRTH NO. ..... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaMonte
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaMonte 0800
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Washington c. (Last) Pittman

4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Feb 22 1874
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Pittman
13b. MOTHER'S MAIDEN NAME Ester McGill
14. NAME OF HUSBAND OR WIFE Minnie Sims Pittman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S.L.Farley Sedalia Mo.

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 affoplexy — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arthrio Solemn

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Throat — 2 yrs

19a. DATE OF OPERATION 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma Throat at Columbia Hosp.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 334 X H

22. *I hereby certify that I attended the deceased from* 1949 *to* 1/26/52, *that I last saw the deceased alive on* 1/26, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Beskemeier Md
23b. ADDRESS Sedalia Mo
23c. DATE SIGNED 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-28-52
24c. NAME OF CEMETERY OR CREMATORY Sweet Springs Cemetery
24d. LOCATION (City, town, or county) Sweet Springs Mo. (State)

DATE REC'D BY LOCAL REG. 1-27-52
REGISTRAR'S SIGNATURE A. J. Campbell M.D. Beatrice Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE Paul M Moore
ADDRESS LaMonte Mo.

(Licensed Embalmer's Statement on Reverse Side)

2511-0

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

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 Paul M. Moore

Licensed Embalmer No. 3723

P. O. Address La Monte 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.