

AUG 11 1952

STANDARD CERTIFICATE OF DEATH

25159

State File No.

Registrar's No. **42**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5806**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Southfork Twnsh)		b. COUNTY Monroe	
c. LENGTH OF STAY (In this place) 35 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Southfork Township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Molino, Mo. R.F.D.		d. STREET ADDRESS (If rural, give location) Molino, Mo. R.F.D.	

3. NAME OF DECEASED (Type or Print)	a. (First) Jacob	b. (Middle) Monroe	c. (Last) Pitman	4. DATE OF DEATH (Month) (Day) (Year) July, 27, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11 Days 10	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Rush Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.M. Pitman	13b. MOTHER'S MAIDEN NAME Anna Jean McGuffey	14. NAME OF HUSBAND OR WIFE Bessie D. Pitman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Bessie D. Pitman	ADDRESS Paris, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Illness Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
	ANTECEDENT CAUSES arterio-sclerosis		
	Morbidity 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **July 17, 1952** to **July 27, 1952**, that I last saw the deceased alive on **July 27, 1952** and that death occurred at **11:00 AM** from the causes and on the date stated above.

23a. SIGNATURE W. M. Reggille (Degree or title) M.D.	23b. ADDRESS Paris, Missouri	23c. DATE SIGNED 7-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-52	24c. NAME OF CEMETERY OR CREMATORY Southfork Cemetery	24d. LOCATION (City, town, or county) (State) Monroe Co., Mo.
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DATE REC'D BY LOCAL REG. 8-6-52	REGISTRAR'S SIGNATURE J. H. Bannister	435	25. GENERAL DIRECTOR'S SIGNATURE Clyde E. Wilkey	ADDRESS Permydena
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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 Clyde Wilsey

Licensed Embalmer No. 3826

P. O. Address Ferry 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.