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

FILED DEC 15 1952

State File No. _____

Registration District No. 88

Primary Registration District No. 5327

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Crawford
 (b) City or town Cook Station Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 79
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Cook Station Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Pitts

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1873
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Rosati Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Drue Pitts

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Janie Mickelson

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delphia Smarr

(b) Address High Bridge Road Vermillion Ohio

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig Cemetery

18. (a) Signature of funeral director Jones Funeral Home

(b) Address Steelville Mo.

19. (a) 12-10-52 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
 year 1952 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1
 1952 to _____, 19____

that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to Senility

Due to _____

Other conditions 4500
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
 (e) Means of injury 0

23. Signature John Stuyvesant (M. D. or other) MD

Address Steelville Date signed 11-26-52

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.....

Henry M. Jones

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Henry M. Jones*.....

Licensed Embalmer No. *2628*

P. O. Address *Steckelberg*

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.