

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12853

State File No.

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Pascola</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>45 days</u>		e. STREET ADDRESS (If rural, give location) <u>R. 1 Box 86</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pemiscot County Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle)	c. (Last) <u>Pittman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 26, 1917</u>	9. AGE (In years last birthday) <u>36</u>	10. UNDER 1 YEAR: Months _____ Days _____	11. UNDER 6 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reeland, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Marshall Pittman</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Almeter Pittman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. II</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Almeter Pittman</u> ADDRESS <u>R.1 Box 86 Pascola, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunwoundage Interior Chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple bullet wounds of chest</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		E9195 43	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE _____ HOMICIDE _____ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti Pemiscot 07 Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-17-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot on street of Hayti, Mo.</u>
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22. I hereby certify that I attended the deceased from 4-17-54, 1954, to _____, 19____, that I last saw the deceased alive on 4-17-54, 19____, and that death occurred at 10:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>400 Carleton, Gamithersville, Mo.</u>	23c. DATE SIGNED <u>4-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homestown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-26-54</u>	REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osburn Funeral Home</u> ADDRESS <u>Wardell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-96-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 73
307 - 1000

MAY 7 1954

MAY 12 1954

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, ~~XXXX~~.....~~XXXX~~

~~working under the supervision of a licensed embalmer~~

Student.....
Signature of Student Embalmer

Signed *James G. Fisher*.....
Licensed Embalmer No. 4185

P. O. Address Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.