

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2093

State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Pack

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pack

b. CITY (If institution corporate limits, give FULL and give township) Bellevue (E. Looney) c. LENGTH OF STAY (In this place) 5 days

c. CITY OR TOWN Bellevue (Looney) d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles S. of Bellevue

e. STREET ADDRESS (If rural, give location) 7 Miles S. of Bellevue 0840

3. NAME OF DECEASED
a. (First) Ignatius b. (Middle) Pitner c. (Last) Pitner

4. DATE OF DEATH (Month) (Day) (Year)
Jan 31 1955

5. SEX M

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar 25 1866

9. AGE (In years last birthday) Months Days Hours Min.
88 10 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Work

11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ignatius Pitner

13b. MOTHER'S MAIDEN NAME Mary Fridol

14. NAME OF HUSBAND OR WIFE Katherine Pitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
James Pitner, Meramec

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
334X

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1955 to Jan 31, 1955, that I last saw the deceased alive on Jan 31, 1955 and that death occurred at 5:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Mulvaney, M.D.

23b. ADDRESS Bellevue Mo

23c. DATE SIGNED 2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Feb 2 / 55

24c. NAME OF CEMETERY OR CREMATORY Karlin Cemetery

24d. LOCATION (City, town, or county) (State) Near Bellevue, Mo

DATE REC'D BY LOCAL REG. Feb 1, 1955

REGISTRAR'S SIGNATURE Ralph Gordon

25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS
Green & Blue, Bellevue Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William B. Evers*

Licensed Embalmer No. *3092*

P. O. Address *Baltimore*

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.