

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6976

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4486 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Benton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Benton</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>No Address.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>C. H. Frobase residence.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELISHA</b> b. (Middle) <b>DORCH</b> c. (Last) <b>PITMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 17, 1955</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 10, 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Steel Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Tower Fabricating</b>	11. BIRTHPLACE (State or foreign country) <b>Corinth, Georgia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John L. Pitman</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Lester</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. H. Frobase, Benton, Mo.</b>	ADDRESS <b>Benton, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>Unknown</b>  <b>17 Mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio Vascular Disease</b> DUE TO (c) <b>Sanguine Left foot</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>4221</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **12-30, 1954**, to **1-18, 1955**, that I last saw the deceased alive on **12-30, 1954**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas C. McElwain</b>	23b. ADDRESS <b>Benton, Mo.</b>	23c. DATE SIGNED <b>2/18/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 18, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newnan</b>	24d. LOCATION (City, town, or county) (State) <b>Newnan, Georgia</b>
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DATE REC'D BY LOCAL REG. <b>Feb-26-55</b>	REGISTRAR'S SIGNATURE <b>Wm. Adelle Harris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward E. Hummel</b>	ADDRESS <b>The Nunnelee Funeral Chapel, Sikeston, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED FEB 28 1955  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 255-45

MAR 4 1955

**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 Philip J. Cassady

Licensed Embalmer No. 4018

P. O. Address Sebastian, 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.