

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11125**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5130		Registrar's No. 410				
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Twsp., Mo. R.R. # 1.				c. LENGTH OF STAY (In this place) 1.50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Twsp., Mo. R.R. # 1.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Rushville, Mo. R.R. # 1.				d. STREET ADDRESS (If rural, give location) Rushville, Mo. R.R. # 1.						
3. NAME OF DECEASED (Type or Print) a. (First) Patsy			b. (Middle) L.			c. (Last) Pitts			4. DATE OF DEATH (Month) (Day) (Year) 4/17/55	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 29, 1879		9. AGE (In years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Newmann				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Pitts				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Pitts, Atchison, Ks.				
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) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 8 hrs		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis						6 yrs.		
		DUE TO (c) Essential Hypertension						10 yrs.		
		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 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Mar. 28, 1950 , to Apr. 17, 1955 , that I last saw the deceased alive on Apr. 17, 1955 and that death occurred at 11:30 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Chas. S. Boral, M.D.				23b. ADDRESS Professional Bldg. Atchison, Kansas		23c. DATE SIGNED 4/18/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/20/55		24c. NAME OF CEMETERY OR CREMATORY Sugar Creek		24d. LOCATION (City, town, or county) (State) Rushville, Mo. R.R. # 1.				
DATE REC'D BY LOCAL REG. April 20, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harbour-Build Atchison, Kansas				

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

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STATEMENT BY LICENSED EMBALMER

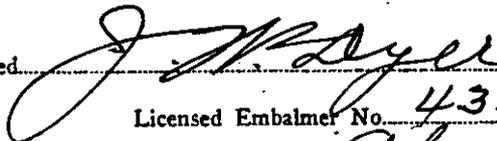
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4320

P. O. Address: Atchison, 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.