No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24950

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Marshall
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 568 West Arrow street 0912 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Elizabeth
b. (Middle): Pittman
c. (Last): Morrison

4. DATE OF DEATH (Month) (Day) (Year): July 27th, 1955.

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 7th, 1871
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Saline county, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Charles Pittman
13b. MOTHER'S MAIDEN NAME: Elizabeth Meschede
14. NAME OF HUSBAND OR WIFE: *----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John Morrison, Miami, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Auricular Fibrillation — 2 mo +
DUE TO (c) Arteriosclerotic Heart Dis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Embolus Rt Popliteal artery — 24 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES [ ] NO [X]

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* June 15, 1955, *to* July 26, 1955, *that I last saw the deceased alive on* July 26, 1955, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E Koehn (Degree or title) M.D.
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: 7/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 29, 1955.
24c. NAME OF CEMETERY OR CREMATORY: Malta Bend cemetery
24d. LOCATION (City, town, or county) (State): Saline county, Mo.

DATE REC'D BY LOCAL REG.: 7-29-55
REGISTRAR'S SIGNATURE: Earl H. Neal 385-d Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Campbell-Lewis Marshall, 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 emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 470

P. O. Address Marshall,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.