

FILED FEB 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5434

BIRTH NO. 124 REG. DIST. NO. 16c3 PRIMARY REG. DIST. NO. 5096 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valle		c. CITY OR TOWN Rural-Valle	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Yrs.		e. STREET ADDRESS (If rural, give location) Rt. 2, DeSoto, Mo. 05000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, DeSoto, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Darold b. (Middle) Leo c. (Last) Pitzer			4. DATE OF DEATH (Month) (Day) (Year) 2/15/56			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1921	9. AGE (In years last birthday) 34	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Plate Glass Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Pitzer	13b. MOTHER'S MAIDEN NAME Martha Politte	14. NAME OF HUSBAND OR WIFE Lavina McClelland
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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) No	16. SOCIAL SECURITY NO. 489-14-2772	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lavina Pitzer Rt. 2, DeSoto, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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 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) 4201
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 2-15, 1956 to 2-15, 1956 that I last saw the deceased alive on 2-15, 1956 and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Pierce (Degree or title) J. O.	23b. ADDRESS De Soto Mo.	23c. DATE SIGNED 2-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) De Soto Mo.
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DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Marie Harris 146	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 25 1956

9561 & T NHP

FEB 29 1956

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... *Andrew H. England*

Licensed Embalmer No. *474*

P. O. Address *De Soto*

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.