

FILED APR 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 12842

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 507 S. DECATUR	
d. FULL NAME OF HOSPITAL OR INSTITUTION % & 507 S. Decatur			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) TILDEN c. (Last) PITTMAN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 23, 1889		9. AGE (In years last birthday) 67		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) MALDEN, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WILLIAM A. PITTMAN		13b. MOTHER'S MAIDEN NAME AGNES HEMPHILL		14. NAME OF HUSBAND OR WIFE ALICE PITTMAN	
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. 499-12-0695		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALICE PITTMAN, MALDEN, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asthma, cardiac origin		DUE TO (b) intercoronary heart disease		2 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		5 years	
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) 4200	
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 24 May 1954 to 12 April 1956 that I last saw the deceased alive on 12 April 1956, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Williams M. D.		23b. ADDRESS MALDEN, MO.		23c. DATE SIGNED 13 April 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-56		24c. NAME OF CEMETERY OR CREMATORY PARK	
				24d. LOCATION (City, town, or county) (State) MALDEN, MO.	

DATE REC'D BY LOCAL REG. 4-13-56		REGISTRAR'S SIGNATURE J. J. Scherman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAY FUNERAL HOME, MALDEN, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-16-56

COUNTY FILE NUMBER 456-1

MAY 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
Student Embalmer

Signed

J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Oxford

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.