

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15403

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 1-5-6

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>SEYMOUR</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANSFIELD HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>11201</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RACHEL</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>PITCHFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 23 - 56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 26, 1877</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>ALFRED P. MINGUS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CONNELLY</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES PITCHFORD (DECEASED)</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Char. Russell</u> ADDRESS _____					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EXSANGUINATION</u>				DUE TO (b) <u>SPONTANEOUS RUPTURE OF DISSECTING ANEURYSM INTO RETROPERITONEAL SPACE</u>				<u>2 days</u>	
ANTECEDENT CAUSES				DUE TO (c) <u>ADVANCED ARTERIOSCLEROSIS</u>				?	
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 <u>451x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>3/20</u> , 19 <u>56</u> , to <u>3/23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/23</u> , 19 <u>56</u> , and that death occurred at <u>7:55 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. R. Gile</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>3/24/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO.</u>				
DATE REC'D BY LOCAL REG. <u>4/16/56</u>		REGISTRAR'S SIGNATURE <u>Ann R...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J. Miller</u> ADDRESS <u>Mansfield, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.484.  
0

Date Filed  
APR 23 1955

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 *Max L Miller*.....

Licensed Embalmer No... *47*

P. O. Address *Mansfield*

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