

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8495**

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

**FILED MAR 25 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 20

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howell</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>West Plains</b> ) | c. LENGTH OF STAY (in this place) (township) <b>18 yrs</b> | c. CITY OR TOWN <b>West Plains</b> <b>04/60</b>  | Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>                                     |  | e. STREET ADDRESS (If rural, give location) <b>322 Locust St.,</b>   |  |

|  |                                   |  |                                       |  |
|--|-----------------------------------|--|---------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <b>MARY</b>            | b. (Middle) <b>ANN</b>   | c. (Last) <b>PITMAN</b>               | 4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 13, 1957</b> |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>        | 8. DATE OF BIRTH <b>Aug. 23, 1874</b> | 9. AGE (In years last birthday) <b>82</b>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Howell County, Mo.</b> |                                       | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                    |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>Jim Williams</b> | 13b. MOTHER'S MAIDEN NAME <b>Terie Lovans</b> | 14. NAME OF HUSBAND OR WIFE <b>Wm. Pitman</b> |
|--|---|---|

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Cearley, R-SS, W.Plains, Mo.</b> | ADDRESS |
|---|-------------------------------------|---|---------|

|  |   |            |   |
|--|---|------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   | MEDICAL CERTIFICATION   |            | INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary hemorrhage</b>   | ANTECEDENT CAUSES   |            | 10 mo.  |
| *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 (b) <b>Bronchiogenic carcinoma</b>   | DUE TO (c) |   |
| 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? <b>0</b><br>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 3/12, 1957, to 3/13, 1957, that I last saw the deceased alive on 3/13/57, 1957, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

|   |   |                                 |
|---|---|---------------------------------|
| 23a. SIGNATURE <b>Dr. Callihan M.D.</b> (Degree or title) | 23b. ADDRESS <b>West Plains, Missouri</b> | 23c. DATE SIGNED <b>3/18/57</b> |
|---|---|---------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>Mar. 16, 1957</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Howell County, Mo.</b> |
|---|--------------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>3-21-57</b> | REGISTRAR'S SIGNATURE <b>Beatrice Cook</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Tombergh</b> ADDRESS <b>West Plains, Mo</b> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

39

**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 *Hal Thourney* .....

Licensed Embalmer No. *34* .....

P. O. Address *W. Fla* .....

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.