

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045124

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 274 Primary Registration District No. 8052 Registrar's No. 3

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jetmore</u>		8150 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Length of stay in lb <u>6 days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>SAMUEL</u> Last <u>PITTS</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>31</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 27 1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Jetmore Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Martin George Pitts</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah L. Henderson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Worth Pitts</u> Address <u>Jetmore Kansas</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Latent Carcinoma of the Right Lung. Oct. 20th, 1958.</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None. Please see the other side.</u>					19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>163x</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>None.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None.</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Dec. 27th, 1958</u> to <u>Dec. 31st, 1958</u> and last saw him live on <u>Dec. 31st, 1958</u> Death occurred at <u>8.20 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) <u>Jno. B. Carlisle, M.D.</u>			22b. ADDRESS <u>Sedalia, Missouri.</u>		22c. DATE SIGNED <u>I-I-59.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	23d. LOCATION (City, town, or county) (State) <u>Jetmore Kansas</u>		
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 1. 1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

The history given in this case is that this man became ill on October 20th, 1958 at his home in Kansas. After one month on November 20th, 1958 he entered the Mayo Clinic at Rochester, Minnesota where he was told that he had "Cancer of the Right Lung which could not be operated". He was given deep X-Ray Therapy. He came to the home of his sister here in Sedalia, Missouri on the morning of December 25th, 1958. I first saw him on December 27th, 1958. His condition at that time was critical. He was sent into the Bothwell Memorial Hospital on December 31st, 1958 about 8 A.M. His condition grew worse during the day and he died at 8.20 P.M.

J. B. Carlisle, M.D.
Jno. B. Carlisle, M.D.
Jan. 1st, 1959.

JAN 12 1959

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 *J.P.M. Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia, Mo.*

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.