

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008291

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 002

Primary Registration District No.

Registrar's No. 21

1. PLACE OF DEATH

a. COUNTY

Andrew

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Platte Township

Inside Limits
Yes No

c. CITY OR TOWN Whitesville 00206

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Length of stay in 1b

d. STREET ADDRESS 1 mile northeast

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First Middle Last
CLAUDE LEE PITTS

4. DATE OF DEATH
Month Day Year
April 9 1959

5. SEX
male

6. COLOR OR RACE
white

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH
Sept. 4, 1895

9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm

11. BIRTHPLACE (City and state or country)
Quitman, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Samuel Pitts

13b. MOTHER'S MAIDEN NAME

Ida Jane Little

14. NAME OF HUSBAND OR WIFE

Mrs. Sarah Pitts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
492-40-5824

17. INFORMANT Address
Mrs. Sarah Pitts, RFD Whitesville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
25 minutes

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)

4201

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1938 to April 9, 1959 and last saw her alive on April 9, 1959
Death occurred at 2:00 AM on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Jack H. Sparks, D.O.

22b. ADDRESS
King City, Mo

22c. DATE SIGNED
4-10-59

23a. BURIAL CREMATION, REMOVED (Specify)
burial

23b. DATE
April 11

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park

23d. LOCATION (City, town, or county) (State)
St. Joseph, Missouri

24. FUNERAL DIRECTOR ADDRESS
Breit Funeral Home, Savannah

25. DATE RECD. BY LOCAL REG.
4-11-59

26. REGISTRAR'S SIGNATURE
Lillian Sparks

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 26 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

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.