URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 043944

STATE FILE NUMBER

FILED VS JAN – 4 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1389A

ENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b 2-wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Polk
c. CITY OR TOWN Morrisville
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Clois Middle Allen Last Pittman
4. DATE OF DEATH Month Dec. Day 21 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov 15-1907
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Ret. Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Pittman
13b. MOTHER'S MAIDEN NAME Iva Lee Self
14. NAME OF HUSBAND OR WIFE Elizabeth Pittman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 500-05-7614
17. INFORMANT Mrs. Elizabeth Pittman Address Morrisville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 mo
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 11-13-54, to ~~No~~ Dec 21-59 and last saw her (him) alive on Dec 21-59
Death occurred at 5:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin M Powell MD (Degree or title)
22b. ADDRESS 609 Cherry Springfield Mo
22c. DATE SIGNED 12-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 24-59
23c. NAME OF CEMETERY OR CREMATORY Morrisville
23d. LOCATION (City, town, or county) Polk Co (State) Mo.

24. FUNERAL DIRECTOR Pitts F.H. ADDRESS Bolivar, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-59
26. REGISTRAR'S SIGNATURE Effie J. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 21 1960

JAN 6 1960

JAN

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 Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Berlin Ma

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