

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002696

FILED VS FEB 1 1960

264

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>OZARK</b>				a. STATE <b>MISSOURI</b> COUNTY <b>OZARK</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELIJAH</b>		Length of stay in lb <b>8 yrs.</b>		c. CITY OR TOWN <b>ELIJAH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>X</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>X</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last <b>LAWRENCE LEONARD PITTS</b>				Month Day Year <b>1-10-60</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-29-1913</b>	9. AGE (last birthday) <b>36</b>	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) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>FINNEY CO., KS.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>FRED PITTS</b>			13b. MOTHER'S MAIDEN NAME <b>JESSIE WELSH</b>		14. NAME OF HUSBAND OR WIFE <b>FERN PITTS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>W. W. 12</b>			16. SOCIAL SECURITY NO. <b>YES</b>		17. INFORMANT <b>FERN WHITE, ELIJAH, MO.,</b> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>9:15 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Dr. W. W. Coroner</i> (Degree or title)				22b. ADDRESS <i>Genevieve Mo.</i>		22c. DATE SIGNED <b>1-14-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		23b. DATE <b>1-13-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BAPTIST HILL</b>		23d. LOCATION (City, town, or county) <b>BAKERTSFIELD MO</b>		(State)
24. FUNERAL DIRECTOR <b>ROBERTSONS, WEST PLAINS, MO.,</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>1-27-60</b>		26. REGISTRAR'S SIGNATURE <i>Thana Mohan</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1960

FEB 1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *D. J. Roberts*

Licensed Embalmer No. 343

P. O. Address *West*

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