

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013918

FILED VS MAR 16 1960

356

Registration District No. Primary Registration District No. 6210 Registrar's No. 28

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Upton Twp.		Length of stay in lb .56 yrs.		c. CITY OR TOWN Upton Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 mi. NW of Success, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Pittman				4. DATE OF DEATH Month Mar. Day 5 Year 1960									
5. SEX Female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-19-70		9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Lee Fletcher				13b. MOTHER'S MAIDEN NAME Elizah Jones				14. NAME OF HUSBAND OR WIFE Johnithan H.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH 1 week			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 on 2-4-60 to _____ and last saw her alive on 2-4-60 Death occurred at 8:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Joe A. Wall MD (Degree or title)						22b. ADDRESS Houston Missouri			22c. DATE SIGNED 3-7-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-8-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah Cem.		23d. LOCATION (City, town, or county) Texas County Missouri		(State)					
24. FUNERAL DIRECTOR Raymond E. Duff, Houston, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 3-12-60		26. REGISTRAR'S SIGNATURE Myrtie Craig							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

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.