

I & R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016300

FILED VS. MAY 2 1960 270

Registration District No. _____ Primary Registration District No. 3050 Registrar's No. 29

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
a. COUNTY Pemiscot		b. CITY (If outside corporate limits, give TOWNSHIP only) Caruthersville		a. STATE Missouri		b. COUNTY Pemiscot									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Compress Road		Length of stay in 1b 50 Yrs.		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Compress Road		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			
James			Pitts Jr.			April			23			1960			
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/20/1887		9. AGE (last birthday) 71		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) None - Blind				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and state or country) St. Paul, Minnesota				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James Pitts Sr.				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Hattie Pitts							
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 Hattie Pitts - Compress Rd. C'ville.				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) Massive Cerebral Hemorrhage												7 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												undto			
DUE TO (b) Hypertension															
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 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 4/19/60 to 4/23/60 and last saw ^{him} alive on 4/23/60 Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Frederick Kern</i> (Degree or title)						22b. ADDRESS Caruthersville, Mo			22c. DATE SIGNED 4/25/60						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetary		23d. LOCATION (City, town, or county) Caruthersville, Missouri		(State)							
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C'ville, Mo.				ADDRESS 4-26-1960		25. DATE RECD. BY LOCAL REG. 4-26-1960		26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i>							

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 W. Denver Duke

Licensed Embalmer No. 4484

P. O. Address Cynthiansville

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.