

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED VS JUN 27 1960

Registration District No. 282

Primary Registration District No.

Registrar's No. 68

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Polk</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Polk</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Polk Mo</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Polk Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wid in the home</i>			Length of stay in lb <i>40 yr</i>	d. STREET ADDRESS (If outside, give location) <i>0.5902</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Mittie</i> Middle Last <i>Pitts</i>				4. DATE OF DEATH Month <i>June</i> Day <i>13</i> Year <i>1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Dec. 17-1871</i>		9. AGE (In years last birthday) <i>88</i> 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) <i>Housework</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Homemaking</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>John William Pitts</i>			13b. MOTHER'S MAIDEN NAME <i>Frances Creed</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT <i>Mr. Glenn Pitts - Polk, Mo</i> 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) <i>Congestive Heart Failure,</i> DUE TO (b) <i>Artherosclerotic Heart Disease,</i> DUE TO (c) <i>4200</i> 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)						INTERVAL BETWEEN ONSET AND DEATH		
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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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			20g. COUNTY	20h. STATE
21. I attended the deceased from <i>Feb. 1952</i> to <i>June 11-60</i> and last saw her alive on <i>June 11, 1960</i> Death occurred at <i>5:15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>S. D. Smith M.D.</i>				22b. ADDRESS <i>Polk, Mo</i>		22c. DATE SIGNED <i>June 18, 60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 15-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Int. View Cemetery</i>		23d. LOCATION (City, town, or county) <i>Polk, Mo.</i>			
24. FUNERAL DIRECTOR <i>Pitts Funeral Home - Polk, Mo</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>June 23, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Ralph Hordanger Jewell Gordon</i>		

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 *Edney J. Pitts*.....

Licensed Embalmer No. 4939.....

P. O. Address *Port Me*.....

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.