URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-039095

STATE FILE NUMBER

FILED VS NOV 3 1960

ENDED

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City — Length of stay in 1b 45 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swearingen's Rest Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Ira Middle Marddonis Last Pitts

4. DATE OF DEATH Month October Day 23, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-6-1877
9. AGE (last birthday) 83 — 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) Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Alva, West Virginia
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ely Pitts
13b. MOTHER'S MAIDEN NAME Amanada Ellen
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American
16. SOCIAL SECURITY NO. None
17. INFORMANT Virgil Pitts Address Montgomery City, Mo.

MEDICAL CERTIFICATION

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)	~~Coronary Embolism~~	~~5 Min~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 Yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized Arteriosclerosis, Carcinoma of left tonsil with Metastasis, Senility

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 Sept. 17th, 1960, to Oct. 23, 1960 and last saw her/him alive on Sept. 17, 1960
Death occurred at 12:02 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Thompson D.O.
22b. ADDRESS New Florence, Mo.
22c. DATE SIGNED 10-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 26, 1960
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri

24. FUNERAL DIRECTOR Schlanker Funeral Home ADDRESS Montgomery City Missouri
25. DATE RECD. BY LOCAL REG. 10/31/1960
26. REGISTRAR'S SIGNATURE Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. Boone Schla

Signature of Student Embalmer

Licensed Embalmer No. 4 1 3

P. O. Address Montgomery

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