

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

6 -60-041259

ENDED

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. 5175 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Putt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warren Russell</u>		c. CITY OR TOWN <u>Camden</u>	
Length of stay in lb <u>4 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi SE Moaks Creek, MO</u>		d. STREET ADDRESS (If outside, give location) <u>2 mi SE Moaks Creek, MO</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Esibelle</u> Last <u>Pitman</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-8-1862</u>	9. AGE (last birthday) <u>98</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>W. C. Pitman</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>John M. Pitman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Frank Pitman</u>		Address <u>Louisburg, MO</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u>			<u>2 hours</u>		
DUE TO (c) <u>arterio sclerotic vascular disease</u>			<u>years</u>		
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 1946 to 1960 and last saw ^{her} _{him} alive on Oct 20, 1960
Death occurred at 300 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Kenneth Redgworth</u>		22b. ADDRESS <u>Camden, MO.</u>		22c. DATE SIGNED <u>12-6-60</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-4-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>A. B. Cemetery</u>	23d. LOCATION (City, town, or county) <u>Camden Co.</u>		(State) <u>MO.</u>
24. FUNERAL DIRECTOR <u>Allen W. Vaughan, Urbana, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(mirrored text from reverse side)
 M. G. Pittman
 Student Embalmer No. 4156
 P. O. Address Urbana, Ill.

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill.

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.