

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043010

LED VS DEC 7 1960
DED

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.4.</u>	

3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Ellen</u> Last <u>Pittman</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1960</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 15 1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HR. Hours <u>8</u> Min. <u>00</u>
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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	11. BIRTHPLACE (City and state or country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ernest Koester</u>	13b. MOTHER'S MAIDEN NAME <u>Aurilla Straud</u>	14. NAME OF HUSBAND OR WIFE <u>John O. Pittman</u>
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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.	17. INFORMANT <u>John O. Pittman, Perryville, Mo. R. 4.</u>
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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>Cerebral Metastases from Pancreatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
DUE TO (b) <u>Pancreatic Carcinoma</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u>8:45</u> a.m. <u>P.M.</u> 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 <u>Perryville</u>	COUNTY <u>Perry</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>1957</u> to <u>Dec. 2, 1960</u> and last saw her alive on <u>Dec. 2, 1960 8:00 PM</u> Death occurred at <u>8:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>A. E. McDermott, MD.</u> (Degree or title)	22b. ADDRESS <u>Perryville, Mo.</u>	22c. DATE SIGNED <u>Dec. 3, 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 5 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Fork Cemetery-Perryville, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>R.5</u>
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24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

as by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. *38766*

P. O. Address *Perryville, Pa.*

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.