

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010354

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 111

AMENDED

FILED MAR 31 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Farmington, Mo.</u> Length of stay in 1b <u>few days</u>		c. CITY OR TOWN <u>Flat River</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>Mineral Area Osteopathic Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>403 Bass St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lawrence Edward Pirtle</u>			4. DATE OF DEATH Month Day Year <u>March 23 1961</u>
5. SEX <u>male</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>8/23/19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	9. AGE (last birthday) <u>43</u>
11a. FATHER'S NAME <u>Walter Edgar Pirtle</u>		11b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilfong</u>	9. AGE (last birthday) <u>43</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. _____	17. INFORMANT <u>wife</u>
13a. FATHER'S NAME <u>Walter Edgar Pirtle</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilfong</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy D. (Presser) Pirtle</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>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Fibrillation</u>		12 hrs.	
DUE TO (c) <u>Rheumatic Heart Disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Viral Infection</u>			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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>5:00 PM 3-21-61</u> to <u>death</u> and last saw her <u>alive</u> on <u>3-22-61 approx 10 PM</u> Death occurred at <u>5:17 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Reph D Cooper, M.D.</u> (Degree or title)		22b. ADDRESS <u>Farmington, Mo.</u>	22c. DATE SIGNED <u>3-24-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/26/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Farmington Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Alvin W. Hood: 303 Crane St. Flat River Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>Mar 25, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

MAR 31 1961

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

Abrie W Hood

Licensed Embalmer No.

2780

P. O. Address

High River, N.C.

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.