

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 47

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p style="font-weight: bold; font-size: 18pt;">FILED AUG 20 1962</p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Camden</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Camden</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u></p>		<p>Length of stay in 1b <u>10 Months</u></p>		<p>c. CITY OR TOWN <u>Camdenton</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Road 5-88</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>Lake Road 5-88</u></p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>Robert</u> Middle <u>Edward</u> Last <u>Pittman</u></p>		<p>4. DATE OF DEATH</p> <p>Month <u>August</u> Day <u>13</u> Year <u>1962</u></p>			
<p>5. SEX <u>Male</u></p>		<p>6. COLOR OR RACE <u>White</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>Nov. 8-1870</u></p>		<p>9. AGE (last birthday) <u>91</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months <u>9</u> Days <u>3</u> Hours <u></u> Min. <u></u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Newspaper</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Kansas</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>F. M. Pittman</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Un-known</u></p>	
<p>14. NAME OF HUSBAND OR WIFE</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>no</u></p>	
<p>17. INFORMANT <u>Mrs Vincent Smith, Camdenton Mo</u></p>		<p>Address</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>		<p>IMMEDIATE CAUSE (a) <u>NEURO-CIRCULATORY COLLAPSE</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>5-6 MINUTES</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (b) <u>CARDIO-VASCULAR INSUFFICIENCY</u></p>			
		<p>DUE TO (c) <u>CARDIAC ASYSTOLE</u></p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. Month, Day, Year <u></u></p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from _____ to _____ and last saw her alive on _____</p> <p>Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Dr. Halley MD. Camden County Coroner</u></p>		<p>22b. ADDRESS <u>CAMDENTON, MO</u></p>		<p>22c. DATE SIGNED <u>8-14-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>August 15, 1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u></p>	
		<p>23d. LOCATION (City, town, or county) <u>Kansas City</u></p>		<p>(State) <u>Mo</u></p>	
<p>24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Aug. 14 - 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Zilpha J. Irwin</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

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.