

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31830
Registrar's No. 331

Registration District No. 207

Primary Registration District No. 2042

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal Emden
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 E
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chauncey Albert Pitts (Bert)

3. (b) If veteran, name war # 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 25, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 2:2 hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Rancher

12. Name Albert G. Pitts

13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alaphene Whitmarsh

15. Birthplace New York State
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Pitts

(b) Address 1218 Lyon Hannibal Missouri

17. (a) Burial (b) Date thereof 9/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emden Missouri

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 9-19-47 (b) Dr. E. Inducke
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17
year 1947 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from 8-11-47
to 9-17, 1947;

that I last saw him alive on 9-17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion, anterior

Due to Left bundle branch block

Due to Coronary Heart Disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

(e), Means of injury _____

23. Signature W. L. Green (M. D. or other) _____

Address Holmes Bldg., Hannibal, Mo. Date signed 9-19-47

Duration

5 days

2 months

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 21 1947

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.....

Lynn H. Steele

Registered Apprentice No. *4160*

working under my personal supervision.

Signed

W. Crawford Smith

Licensed Embalmer No. *3814*

P. O. Address *Hannibal Missouri*

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 this body is not embalmed, fact should be so stated above.