

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42370**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **321** PRIMARY REG. DIST. NO. **5114** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural Wayne</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural - Wayne</b>	
c. LENGTH OF STAY (in this place) <b>35 years</b>		d. STREET ADDRESS (If rural, give location) <b>near Palma, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen Marie</b> b. (Middle) <b>Pittman</b> c. (Last) <b>Pittman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 21 1948</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Mar. 17, 1913</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (State or foreign country) <b>New Palma, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Pittman</b>	13b. MOTHER'S MAIDEN NAME <b>Sciata</b>	14. NAME OF HUSBAND OR WIFE <b></b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Pittman</b>	ADDRESS <b>Palma, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of chest with Metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b></b>		
	DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>199 55 E</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>199</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 1948**, to **Dec. 21, 1948**, that I last saw the deceased alive on **Dec. 20, 1948**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ed. C. Masters</b>	23b. ADDRESS <b>Advocate, Mo.</b>	23c. DATE SIGNED <b>1-30-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 22, 1948</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Advocate, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 4 1949</b>	REGISTRAR'S SIGNATURE <b>William Van Amburg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clayton S. Morgan</b>	ADDRESS <b>Advocate Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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EMER

Officer No. 4  
Registration Number 249-210  
2-9-49

**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 \_\_\_\_\_

*Lloyd S Morgan*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lloyd S Morgan*

Licensed Embalmer No. 3361

P. O. Address Advance West

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.