

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1604

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 2

49
6.2

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville	
c. LENGTH OF STAY (In this place) no data		d. STREET ADDRESS (If rural, give location) 214 North Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gambles Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) Alice c. (Last) Pitman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Camden County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry DeBerry	13b. MOTHER'S MAIDEN NAME No data	14. NAME OF HUSBAND OR WIFE widowed
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Floyd Hammer	ADDRESS Garthage, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		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) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 450.0	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) m.	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 **Dec 11, 1948**, to **Jan 3, 1949**, that I last saw the deceased alive on **Dec 24, 1948**, and that death occurred at **8:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE John Berguson, MD (Degree or title)	23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 1/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. JAN 4; 1949	REGISTRAR'S SIGNATURE S. L. Satchell	25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis Funeral Home	ADDRESS Webb City Mo.
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Register

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.

Signed.....

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No.

2889

P. O. Address.....

[Handwritten Address]

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.