

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 31 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5892 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark 71</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tecumseh, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tecumseh, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None - 1</u>		d. STREET ADDRESS (If rural, give location) <u>On Highway 81 Eight miles East of Gainsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>Pitcock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 15, 1861</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 24 HRS. Hours Min. <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harritt Pitcock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eldon E. Pitcock</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis and prostatic hypertrophy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> to <u>Jan 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>49</u> , and that death occurred at <u>7:15 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. J. Hoernemann</u>		23b. ADDRESS <u>W.D.K. Gainsville, Mo</u>	
23c. DATE SIGNED <u>1/11/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1949-11</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Lilly Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gainsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-15-49</u>		REGISTRAR'S SIGNATURE <u>Pitcock</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Roller-Barby Funeral Service</u>		ADDRESS	

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

RECEIVED  
District Health Officer No. 6,  
District File Number 149-75  
Date Filed 1-28-49

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 \_\_\_\_\_

Arthur Bruce

Student Embalmer No. 153

working under my personal supervision.

Student Arthur Bruce  
Student Embalmer

Signed Denver Rolles

Licensed Embalmer No. 4006

P. O. Address Intn. Home

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.