

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Belton		c. CITY (If outside corporate limits, write RURAL and give township) Belton	
c. LENGTH OF STAY (In this place) 11 yrs		d. STREET ADDRESS (If rural, give location) (none)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence of Mrs. Kathryn Grisham			

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) ANN c. (Last) PITTS		4. DATE OF DEATH (Month) (Day) (Year) April 1, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12, 1855
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Casey Co. Ky.
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph S. Henson		13b. MOTHER'S MAIDEN NAME Mariah Baker		14. NAME OF HUSBAND OR WIFE Romulus Pitts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathryn Grisham Belton, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) infirmities of age		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)		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7947		

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) (Minute)		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 **Jan 31, 1949**, to **Feb 20, 1949**, that I last saw the deceased alive on **Feb 20, 1949**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R M Wisker Wood		23b. ADDRESS Belton Mo.		23c. DATE SIGNED April 4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/4/49		24c. NAME OF CEMETERY OR CREMATORY West Union	
		24d. LOCATION (City, town, or county) (State) Rural Cass Co., Mo.			

DATE REC'D BY LOCAL REG. April 4, 1949		REGISTRAR'S SIGNATURE Laura J. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.K. George & Sons Belton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bolton, 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 this body is not embalmed, fact should be so stated above.