No. 300
10-40

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9139

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DIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pineville
c. LENGTH OF STAY (In this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pineville
d. STREET ADDRESS (If rural, give location)

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3. NAME OF DECEASED (Type or Print)
a. (First) NANCY b. (Middle) ELIZABETH c. (Last) PITTS.

4. DATE OF DEATH (Month) (Day) (Year) 3-31-49

5. SEX F.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH MAY 3rd 1868
9. AGE (In years last birthday) 80 | If under 1 year: Months 10 Days 28 | If under 24 hrs.: 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 Same
11. BIRTHPLACE (State or foreign country) Willow Hill, Ill
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME W. G. Higgins
13b. MOTHER'S MAIDEN NAME Mary E. Pink
14. NAME OF HUSBAND OR WIFE W. G. Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Adam Wilson ADDRESS Lake Rock Ark.

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) Organic Heart disease — 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) Chr. Cholecystitis — ?
DUE TO (c) Br. asthma — Since child Hood

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4343

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14, 1948, *to* 3/31, 1949, *that I last saw the deceased alive on* 3/31, 1949, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sw Beisel Do F
23b. ADDRESS Pineville Mo
23c. DATE SIGNED 4/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-3-49
24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant
24d. LOCATION (City, town, or county) (State) Hepworth, Ark.

DATE REC'D BY LOCAL REG. 4-6-49
REGISTRAR'S SIGNATURE Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE N. M. Humphrey ADDRESS Pineville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 449-436
Date Filed 4-11-49

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Mayme E Humphrey

Signed .....
Student Embalmer

Licensed Embalmer No. 4262

P. O. Address Prineville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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