

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16353

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 101	
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. LENGTH OF STAY (In this place) 55 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 742 Wilson Street				d. STREET ADDRESS (If rural, give location) 742 Wilson Street			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) b. (Middle) c. (Last) PITTMAN		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 10, 1865	
9. AGE (In years last birthday) 84		10. MONTHS Days Hours Min. - 10		11. BIRTHPLACE (State or foreign country) Marysville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Mines		13a. FATHER'S NAME Andy Pittman			
13b. MOTHER'S MAIDEN NAME no data		14. NAME OF HUSBAND OR WIFE widowed		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 Mrs. Sarah Lewis		ADDRESS Webb City, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 hr					
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 <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 MAY 24, 1949 10:00, to MAY 24, 1949 11:00, that I last saw the deceased alive on 5/24/1949, and that death occurred at 5:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE O. J. Gregory (Degree or title) Dr.				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 5/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/27/49		24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		24d. LOCATION (City, town, or county) (State) Oronogo, Missouri	
DATE REC'D BY LOCAL REG MAY 27, 1949		REGISTRAR'S SIGNATURE S. L. Hedge-Lewis		25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis		ADDRESS Webb City, Mo.	

(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 Gray Lewis

Licensed Embalmer No. *4405*

P. O. Address *Webb City 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.