

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18607

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 146		
1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETIS				
b. CITY (If outside corporate limits, write RURAL and give town) COLUMBIA MO		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA				
d. FULL NAME OF HOSPITAL OR INSTITUTION XX 2A W. Broadway				d. STREET ADDRESS (If rural, give location) Rural Route				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) W		c. (Last) PITTMAN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 9th 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH NOV. 27th 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 25	IF UNDER 24 HRS. Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MONROE CO. OHIO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME DAVID PITTMAN			13b. MOTHER'S MAIDEN NAME HANNA J. FOX		14. NAME OF HUSBAND OR WIFE SINGLE			
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.D. PITTMAN 2A W. BWay Columbia				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Valvular Heart Disease - Decompensated DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 days years 4214	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		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) 12:15		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from June 4, 1949 , to June 9, 1949 , that I last saw the deceased alive on June 6, 1949 , and that death occurred 6:15 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) F. C. Suggs M.D.			23b. ADDRESS Columbia Mo.			23c. DATE SIGNED 6-9-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 10-49		24c. NAME OF CEMETERY OR CREMATORY City Cem GREENRIDGE		24d. LOCATION (City, town, or county) (State) GREENRIDGE MO.		
DATE REC'D BY LOCAL REG. June 9 1949		REGISTRAR'S SIGNATURE Mrs R E Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Suggs Columbia Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 15 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 1949

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 _____

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

Signed _____
Student Embalmer

Signed *Howrey*
Licensed Embalmer No. *3188*
P. O. Address *Columbia*

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.