

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27584

FILED AUG 24 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3908 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland	c. LENGTH OF STAY (in this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Addie	a. (First)	b. (Middle)	c. (Last) Gist	4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1949
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1892.	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months 7 Days 2	# UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Larence, Ark.	12. CITIZEN OF WHAT COUNTRY? Lee.
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13a. FATHER'S NAME Alex Pitman	13b. MOTHER'S MAIDEN NAME Addline Smith	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Albert Pitman, Caruthersville, Mo. ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sun-stroke wound in head		
	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.		5985X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holland, Pemiscot, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 12, 1949 11th	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Murder 78
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Osburn, M.D.	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 8-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/15 1949.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove, Cem	24d. LOCATION (City, town, or county) (State) Holland, Mo. (Rural)
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DATE REC'D BY LOCAL REG. 8-24-49	REGISTRAR'S SIGNATURE MR. S.L. ROBINSON	25. FUNERAL DIRECTOR'S SIGNATURE J.L. German. ADDRESS Steele, Mo
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8-49-225

AUG 30 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

John W German

Signed.....

Student Embalmer

Licensed Embalmer No.

4355

P. O. Address.....

Hayti Mo

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

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