S. No. 300
V. 10.48

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

FILED JAN 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41924

State File No. 41924

BIRTH NO. 89819-49 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No. 37

77 00

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willhoit, Rural,
c. LENGTH OF STAY (in this place): 9 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ozark Co

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willhoit Rural, Ozark, Barren Fork 77
d. STREET ADDRESS (If rural, give location): Rural Ozark Co 00

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Darel
c. (Last): Pitchford

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1949

5. SEX: Male M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single U
8. DATE OF BIRTH: Dec, 13, 1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 9hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Gainesville, Missouri O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leonard Pitchford
13b. MOTHER'S MAIDEN NAME: Hazel White
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Leonard Pitchford, ADDRESS: Willhoitm Missour

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) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: Congenital

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.

2.40

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* 12/13, 1949, *to* 12/14, 1949, *that I last saw the deceased alive on* 12/13, 1949, *and that death occurred at* 5:20Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Hoerman M.D.
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 12-16-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 15, 49
24c. NAME OF CEMETERY OR CREMATORY: Jackson Cemetery
24d. LOCATION (City, town, or county) (State): Willhoit, Ozark Co, Mo.

DATE REC'D BY LOCAL REG.: Dec 16, 1949
REGISTRAR'S SIGNATURE: William Cogswell
105 0
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard Funeral Home
ADDRESS: Gainesville Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 20 1949
District Health Office No. 6,
District File Number 1249-1415
Date Filed DEC 28 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.