

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43325**
Registrar's No. **76**

FILED JAN 6 1950

REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469**

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

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

3. NAME OF DECEASED	a. (First) Clarabell	b. (Middle) Pittman	c. (Last) Canter	4. DATE OF DEATH	(Month) December	(Day) 27	(Year) 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED F	8. DATE OF BIRTH January 25, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Pittman	13b. MOTHER'S MAIDEN NAME Nancy Bishop	14. NAME OF HUSBAND OR WIFE Edward Canter
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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 Edward Canter	ADDRESS Ste. Genevieve, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Indefinite
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Ch. Valvular heart disease Ch. Myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June**, 19**47**, to **Dec 27**, 19**49**, that I last saw the deceased alive on **Dec 23**, 19**49**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. D. Kael, M.D.	23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 12-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 30 Dec. 1949	24c. NAME OF CEMETERY OR CREMATORY Cedar Fork	24d. LOCATION (City, town, or county) (State) Perry County, Missouri
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DATE REC'D BY LOCAL REG. Dec. 30, 1949	REGISTRAR'S SIGNATURE L. D. Kael	25. FUNERAL DIRECTOR'S SIGNATURE M. Park	ADDRESS Ste. Genevieve, Mo
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1-3-50
Health Officer No. 4
File Number 150-3
Date Filed _____

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 _____
Student Embalmer

Signed Jerome L. Scuita
Licensed Embalmer No. 3817
P. O. Address Ste. Genevieve, 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.