

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3773

40

BIRTH NO.		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3002	Registrar's No.
1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY AUDRAIN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO MO		
d. FULL NAME OF HOSPITAL OR INSTITUTION 602 S. WESTERN		d. STREET ADDRESS (If rural, give location) 602 S. WESTERN		
3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) EDGAR c. (Last) PITTER		4. DATE OF DEATH (Month) (Day) (Year) FEB 25 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 9, 1974	9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORGE		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country); MACOMB ILL 1
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME WARREN H. PITTER		13b. MOTHER'S MAIDEN NAME AMANDA MILLER		14. NAME OF HUSBAND OR WIFE ANNA PITTER
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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Perry Ritter Mexico 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 month 10 yrs 332x
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		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 Feb 6, 1948 , to Feb 24, 1950 , that I last saw the deceased alive on Feb 22, 1950 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE M. Kallenbach (Degree or title) MD		23b. ADDRESS Mexico, Mo		23c. DATE SIGNED Feb 25, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-27-50	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD	24d. LOCATION (City, town, or county) (State) MEXICO MO
DATE REC'D BY LOCAL REG. Feb 27-1950		REGISTRAR'S SIGNATURE Blenche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chris Arnold Jr. Mexico Mo

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

RECEIVED MAR 7 1950
District Health Officer No.
District File Number 3-50-41
Date Filed MAR 7 1950

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3569

P. O. Address Mexico Ave

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.