

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12627

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ash Grove Boone Twp	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Altazora c. (Last) Pitman			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1876
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR (Months) 18 IF UNDER 12 MONTHS (Days) 10 IF UNDER 24 HOURS (Hours) _____ (Min.) _____		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME J. C. Loyd		13b. MOTHER'S MAIDEN NAME Frances Hendrix	14. NAME OF HUSBAND OR WIFE Pascal Pitman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No. (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Pascal Pitman ADDRESS Ash Grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Peritonitis DUE TO (c) Paralytic Ileus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 4/27/50		19b. MAJOR FINDINGS OF OPERATION Gangrenous bowel with perforation.	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) _____		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 4-10-50 , 19____ to 4-27-50 , 19____, that I last saw the deceased alive on 4-27-50 , 19____, and that death occurred at 3:50 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. A. Michael D.O.		23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 4-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-29-50	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Walnut Grove Mo.
DATE REC'D BY LOCAL REG. 5-2-50	REGISTRAR'S SIGNATURE W. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home Ash Grove Mo ADDRESS _____	

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

0396

0390
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572X

MAY 19 1958

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.

Student
Student Embalmer

Signed _____

Clarence D. Noblett

Licensed Embalmer No. _____

4005

P. O. Address _____

Cash Grove 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.