

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21144

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 209

0804

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

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>667 EAST 16th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMBROSE</u> b. (Middle) _____ c. (Last) <u>PIRTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 30, 1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Beaman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Shelby A. Pirtle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Louise Pirtle</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Pirtle</u> ADDRESS <u>667 E 16th, Sedalia, Mo</u>
---	--	--

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 <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>hypertension essential</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephritis, chronic indigestion</u>			

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) _____	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 May 31, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 9:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Gordon Kauffmann M.D.</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>6-2-50</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-3-1950</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Heclart</u> ADDRESS <u>Sedalia</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12

District Health Officer No. 8,

District File Number

Date Filed 7/6/50

1950 C 120

AUG 24 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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed *D.W. Beckert*

Licensed Embalmer No. 3470

P. O. Address *Sedalia, 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.