

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30125

State File No.

402
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1546 Carnegie St</u>				d. STREET ADDRESS (If rural, give location) <u>1546 Carnegie</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u>			b. (Middle) <u>M</u>		c. (Last) <u>Pittman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4, 1950</u>
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 1, 1902</u>		9. AGE (In years, last birthday) <u>48</u>	Months <u>4</u>	Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St Joseph, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Theodore Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Leslie</u>		14. NAME OF HUSBAND OR WIFE <u>Forest Pittman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-20-2192</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forest Pittman</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon (cancer)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Feb 19-49</u>	
		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.				<u>153X</u>	
19a. DATE OF OPERATION <u>3-8-49</u> <u>4-4-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon</u>				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) <u>Trenton Grundy Mo</u>			
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 <u>July 14, 1950</u> , to <u>Aug 4, 1950</u> , that I last saw the deceased alive on <u>Aug 4, 1950</u> and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Duffly M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Aug 5 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>TRENTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>8-8-50</u>		REGISTRAR'S SIGNATURE <u>Gene Jari</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackman</u>		ADDRESS <u>Trenton, Mo</u>	



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.

Myself

Student Embalmer No.....

Signed.....

Layne A Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *3424*

P. O. Address. *Jrenton, 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.