

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17454

State File No. ....

FILED MAY 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 5834 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton Ford</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton Ford</b>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>Diamond Rt. #1 Box 223A</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Diamond Rt. #1 Box 223A</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Neta</b>	b. (Middle) <b>W.</b>	c. (Last) <b>PITTS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 11, 1895</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Benjamin Moser</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Rouch</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Pitts (decd)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carl Pitts Diamond Rt. #1</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>493-X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:30a.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. Allie Parnell Local Registrar</b>	(Degree or title)	23b. ADDRESS <b>Diamond, Mo.</b>	23c. DATE SIGNED <b>May-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 18-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saginaw Cemetery Saginaw, Missouri</b>	24d. LOCATION (City, town, or county) (State) <b>Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 17-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Allie Parnell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shorbill Dillon Mort. Joplin, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730  
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RECEIVED

Health Officer No.

*Newton Co. Health Dept.*

*551-129*

*5/22/57*

**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

*W. H. Hester*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4270*

P. O. Address *Joplin, 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.