

No. 300
10. 48

FILED AUG 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22227

RN-656
XC-2317640

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 312

120

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, 0124	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 314 South Seventh	
d. FULL NAME OF HOSPITAL OR INSTITUTION V A Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mark	b. (Middle) L.	c. (Last) Pitt	4. DATE OF DEATH (Month) (Day) (Year) July 16 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/23/74	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 23	IF UNDER 1 HRS. Hours 23	IF UNDER 1 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jerseyville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Pitt	13b. MOTHER'S MAIDEN NAME Mary Ann Casey	14. NAME OF HUSBAND OR WIFE Vannie Pitt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 12/18/04 6/3/06	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME V A Records	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction 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	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 **July 8**, 19**51**, to **July 16**, 19**51**, and that death occurred at **11:00p.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph V. Elliott (Degree or title)	23b. ADDRESS V A Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 7/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/17/51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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DATE REC'D BY LOCAL REG. 7-17-51	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Steen Croy & Fitch, Poplar Bluff, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 31 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-342

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 Wallace N. Fitch

Licensed Embalmer No. 3757

P. O. Address Poplar Bluff, 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.