S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1951

State File No. 26346

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 305

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau 0160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Cape Gir.Twh.
c. LENGTH OF STAY (In this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cape Girardeau R.R. 2 Box 134

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Cape Gir. Twn. 0160
d. STREET ADDRESS (If rural, give location): Cape Girardeau R.R.2 Box 134

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) K. c. (Last) PITTMAN

4. DATE OF DEATH (Month) (Day) (Year): August 25, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: January 8, 1902

9. AGE (In years last birthday): 49 — If under 1 year: Months 7, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Gibson, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Silas Boone

13b. MOTHER'S MAIDEN NAME: Mary Floyd

14. NAME OF HUSBAND OR WIFE: Roy J. Pittman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME: Roy J. Pittman **ADDRESS**: Cape Gir. Mo. R. 2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma cervix & Metastasis — INTERVAL BETWEEN ONSET AND DEATH

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 171X

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1948, *to* Aug., 1951, *that I last saw the deceased alive on* Aug. 25, 1951, *and that death occurred at* 9:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE D B Elrod (Degree or title) MD

23b. ADDRESS

23c. DATE SIGNED 8/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 27, 1951

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: 8-27-51

REGISTRAR'S SIGNATURE: 44 E E Simmons

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Walther's Funeral Home Cape Gir., Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1951

RECEIVED
SEP 4 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

DEC 27 1962

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 Virgil H. Welch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau, 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.