

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32329

State File No.

FILED SEP 26 1951

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6202 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carroll</u>	c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carroll</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>DAVID</u> c. (Last) <u>PITTMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>29</u> <u>51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 3 1886</u>
9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Marion Pittman</u>	13b. MOTHER'S MAIDEN NAME <u>Lou Crowder</u>	14. NAME OF HUSBAND OR WIFE <u>Janie</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-10-2662</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Janie Pittman Summersville Mo</u>	ADDRESS <u></u>
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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) <u>Blood clot</u>		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>from injury while working in timber</u>			
DUE TO (c) <u>working in timber</u>			
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 <u>107</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Summersville Texas Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 21 1951</u> m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>tree fell on him</u>

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 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seymour Elliott</u>	(Degree or title) <u>Crowder</u>	23b. ADDRESS <u>Carroll</u>	23c. DATE SIGNED <u>Aug 31/51</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>
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DATE REC'D BY LOCAL REG. <u>9-11-51</u>	REGISTRAR'S SIGNATURE <u>Anna Roberts</u>	473	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seymour Elliott</u>	ADDRESS <u>Horatio Mo</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 17 1951

Dist. File 9-17-1671

Date Filed 9-17-51

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

Frank E. Hood

Licensed Embalmer No.

4026

P. O. Address

Houston, Tex.

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.