

XC-127 21 06  
RN-139UL 11 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19572

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>313</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>80 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Doniphan</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>								
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JAMES</u>	b. (Middle) <u>P.</u>	c. (Last) <u>GITTONS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1952</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>Oct. 30, 1890</u>		
9. AGE (In years less birthday) <u>61</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Electrical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Gittons</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fitzgerald</u>		14. NAME OF HUSBAND OR WIFE <u>Carmalita Gittons</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADENOCARCINOMA OF PANCREAS with EXTENSIVE INTERABDOMINAL METASTASIS</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (a)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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?				
22. I hereby certify that I attended the deceased from <u>April 8, 1952</u> , to <u>June 27, 1952</u> , and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.								
22a. SIGNATURE (Name and title) <u>Raymond Muntz, M.D.</u>				22b. ADDRESS <u>VA Hospital, Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>6/28/52</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-1-1952</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Catholic</u>		23d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black-Edwards Funeral Home Doniphan, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side) L.W. Edwards MO.

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

RECEIVED  
JUL 8 1952

BUTLER CO. HEALTH CENTER

FILE NO. 752-355

6961 & NWP

**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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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.