No. 300
10-48

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20276

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5529 Registrar's No. _____

430
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Wheatland Ts.
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles Nth of Wheatland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Wheatland-Township 0430
d. STREET ADDRESS (If rural, give location): 3 miles Nth of Wheatland

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Talitha
c. (Last): Pitts

4. DATE OF DEATH (Month) (Day) (Year): June 15-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 1-1864
9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months 3 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Dallas Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Johnson
13b. MOTHER'S MAIDEN NAME: Talitha Huffine
14. NAME OF HUSBAND OR WIFE: J. W. Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Holley Morton - Wheatland, Mo

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apoplexy of Brain — 6 weeks
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: 334X
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* June 12, 1949, *to* June 15, 1952, *that I last saw the deceased alive on* June 10, 1952, *and that death occurred at* 4300 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. L. E. Briggs D.O.
23b. ADDRESS: Wheatland, Mo.
23c. DATE SIGNED: June 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-52
24c. NAME OF CEMETERY OR CREMATORY: Pittsburge Cemetery
24d. LOCATION (City, town, or county) (State): Pittsburge, Mo

DATE REC'D BY LOCAL REG.: 6-17-1952
REGISTRAR'S SIGNATURE: May Johnson 464 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gilbert Hathaway - Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1953

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.