

1950 SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 254

1105  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) 40 Maplewood Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 40 Maplewood Drive		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	

3. NAME OF DECEASED (Type or Print) a. (First) LEON b. (Middle) PITTON c. (Last) PITTON			4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Mar. 18, 1867	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 5 Days 29	11. UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Montsapay Savoie, France	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Pitton	13b. MOTHER'S MAIDEN NAME Agnes (unknown)	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.R. Davison, Columbia, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH NONE
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X H	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Sept 9, 1951, to Sept 17, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 6:17 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Cole, M.D.	23b. ADDRESS Columbia, Mo. 909 University Mo.	23c. DATE SIGNED Sept. 17
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 18	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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DATE REC'D BY LOCAL REG. Sept 16 1952	REGISTRAR'S SIGNATURE Mrs. R. E. Palmox 310	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.
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DEC 15 1952

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 J. W. Phillips  
Licensed Embalmer No. 4887

P. O. Address Columbia, Ma.

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.