

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41703

State File No.

FILED DEC 17 1952

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4071</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		0159			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Will Garrett's Home</u>				d. STREET ADDRESS (If rural, give location) <u>General Ave</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Amelia</u>		b. (Middle) <u>Pittman</u>		c. (Last) <u>Pittman</u>			
4. DATE OF DEATH		(Month) <u>December</u>		(Day) <u>10</u>		(Year) <u>1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar 6 - 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Flauhaus</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Frank M Pittman</u>			
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Myrtle Garrett</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mytrial Insufficiency</u>				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 <u>410X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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>June</u> , 19 <u>53</u> , to <u>Apr.</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr. 10</u> , 19 <u>52</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Q. Clueber</u>				23b. ADDRESS <u>Camdenton Mo.</u>		23c. DATE SIGNED <u>12-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosch</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 12-1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolery</u>		ADDRESS <u>Camdenton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0150

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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 Abbie Dawson Woolery

Licensed Embalmer No. 2488

P. O. Address Yondenton, 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.