

No. 30
10. 48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8540**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **36**

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1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Waller	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wash twp		c. CITY (If outside corporate limits, write RURAL and give township) Phillipsburg	
c. LENGTH OF STAY (in this place) 3-5-53		d. STREET ADDRESS (If rural, give location) 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3			

3. NAME OF DECEASED (Type or Print) a. (First) CORDELIA b. (Middle) IRENE c. (Last), PITMAN			4. DATE OF DEATH (Month) (Day) (Year) 2-15-53		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-9-89	9. AGE (In years last birthday) 63 if UNDER 1 YEAR Months 11 Days 4 if UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Dallas Co Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Pitman	13b. MOTHER'S MAIDEN NAME Elizabeth Stephenson	14. NAME OF HUSBAND, OR WIFE George
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 4200	17. INFORMANT'S SIGNATURE OR NAME Hospital record 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. 4200		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **2-17-53**, 19**53**, to **2-15-53**, 19**53**, that I last saw the deceased alive on **2-15-53**, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Hall M.D. (Degree or title)	23b. ADDRESS Revere Mo	23c. DATE SIGNED 2-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-53	24c. NAME OF CEMETERY OR CREMATORY Windsor	24d. LOCATION (City, town, or county) (State) Conway Mo
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DATE REC'D BY LOCAL REG. 2-17-53	REGISTRAR'S SIGNATURE Anna J. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Jones ADDRESS Buffalo Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.