No. 300
10.48

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

FILED AUG 4 - 1953

# STATE OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22435

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 69

**1. PLACE OF DEATH**
a. COUNTY: Shelby County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence, Mo.
c. LENGTH OF STAY (In this place): 23 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence, Mo. 1020
d. STREET ADDRESS (If rural, give location): X

**3. NAME OF DECEASED** (Type or Print)
a. (First): IDA
b. (Middle): MAY
c. (Last): PITZER

**4. DATE OF DEATH** (Month) (Day) (Year): 7-25-1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 2-20-1870
**9. AGE** (In years last birthday): 83 — If under 1 year: Months 5, Days 5; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House hold
**10b. KIND OF BUSINESS OR INDUSTRY**: Same
**11. BIRTHPLACE** (State or foreign country): Boody, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Joseph B. Walker
**13b. MOTHER'S MAIDEN NAME**: Mary Stewart
**14. NAME OF HUSBAND OR WIFE**: Deceased
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): X
**16. SOCIAL SECURITY NO.**: X
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Mrs. Sam Cook, Clarence, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary thrombosis — 5 min

DUE TO (c) Essential hypertension — 10 years

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**: 4201
**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* 7-25, 1953, *to* 7-25, 1953, *that I last saw the deceased alive on* never, 19____, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dean R. Hull M.D.
**23b. ADDRESS**: Clarence, Mo
**23c. DATE SIGNED**: 7-28-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-28-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Maplewood Cemty.
**24d. LOCATION** (City, town, or county) (State): Clarence, Mo.

DATE REC'D BY LOCAL REG.: 8-1-53
REGISTRAR'S SIGNATURE: Ada Garrison
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Barkelew-Hawkins, Claremce, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3835

P. O. Address [illegible], M

**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.**