

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

State File No. **26479**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **334**

1. PLACE OF DEATH a. COUNTY Cape Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mississipi b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Harrison	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Advance	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mississipi Hospital		e. STREET ADDRESS (If rural, give location) 1020	

3. NAME OF DECEASED (Type or Print) a. (First) E L H A b. (Middle) MAE c. (Last) HITT	4. DATE OF DEATH (Month) (Day) (Year) Sept - 1 - 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1883	9. AGE (In years last birthday) 71 OF UNDER 1 YEAR Months Days OF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Galatia, Illinois	12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME Andrew J. Field	13b. MOTHER'S MAIDEN NAME Anna Owens	14. NAME OF HUSBAND OR WIFE John H. Pitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Myrtle Hill, Advance, Mo	ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 Hours
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Vascula DUE TO (c) Disease		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis generalised		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X		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)	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 **Aug 24, 1954** to **SEPT 1, 1954** that I last saw the deceased alive on **SEPT 1, 1954** and that death occurred at **8:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Edward O Campbell MD	(Degree or title)	23b. ADDRESS Cape Girardeau MO	23c. DATE SIGNED Sept 7, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/3/54	24c. NAME OF CEMETERY OR CREMATORY Megaw Memorial Park Advance, Missouri	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-8-54	REGISTRAR'S SIGNATURE T. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Lloyd S. Megaw Jr. Advance	ADDRESS Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 1955

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.....
Signature of Student Embalmer

Signed..... *William H. Morgan*

Licensed Embalmer No... *4640*

P. O. Address *Advance, W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.