

No. 300
10-48

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10801

10803

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6227 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Deerfield</u> c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clearcreek</u> d. STREET ADDRESS (If rural, give location) <u>Eldorado Springs, Mo. R.E.D. I</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 5 1/2 Two Miles W Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>Eldorado Springs, Mo. R.E.D. I</u>	
3. NAME OF DECEASED a. (First) <u>Jim</u> b. (Middle) <u>William</u> c. (Last) <u>Pitcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 14, 1923</u>
9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Miss, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Walter E. Pitcher</u>		13b. MOTHER'S MAIDEN NAME <u>Margett Griffith</u>	
14. NAME OF HUSBAND OR WIFE <u>Letha May Pitcher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, state of date of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>497-12-9326</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Letha May Pitcher</u>		ADDRESS <u>Eldorado Springs, Mo.</u>	
18. CAUSE OF DEATH Either 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation in water</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drowned, when automobile he was riding in ran off high-</u> DUE TO (c) <u>road # 54 over turned and he plunged into little dry wood creek which was running bank full</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>due to heavy rain,</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no inquest, Body recovered after 40 hrs. in water</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldorado Springs, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>108</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter D. Therman, Coroner</u>		23b. ADDRESS <u>Nevada, Missouri</u>	
23c. DATE SIGNED <u>3-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blue Branch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-1-55</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edginger</u>		ADDRESS <u>Funeral Home Nevada</u>	

APR 6

APR 17 19

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 *Francis C. Marsh*

Licensed Embalmer No. *4973*

P. O. Address *Nevada, 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.