

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12382

State File No. ....

FILED MAY 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORONOGO <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 742 WILSON STREET		d. STREET ADDRESS (If rural, give location) 306 JAMES STREET	
3. NAME OF DECEASED (Type or Print) a. (First) ELIAS b. (Middle) HENRY c. (Last) PITTMAN		4. DATE OF DEATH (Month) (Day) (Year) DEATH APRIL 27, 1955	
5. SEX MALE <u>0</u>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 19, 1888
9. AGE (In years last birthday) 66		10. MONTHS 5	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE CELIA PITTMAN	
13a. FATHER'S NAME HENRY PITTMAN		13b. MOTHER'S MAIDEN NAME ELIZABETH DUNLAP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME MRS. CELIA PITTMAN		ADDRESS ORONOGO, MISSOURI	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH: <u>Immediate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH: <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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>3/28</u> , 19 <u>55</u> , to <u>4/26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/26</u> , 19 <u>55</u> , and that death occurred at <u>5:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Webb</u>		23b. ADDRESS <u>Webb City, Missouri</u>	
23c. DATE SIGNED <u>4/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 29, 1955	
24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY		24d. LOCATION (City, town, or county) (State) ORONOGO, MISSOURI	
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u>		ADDRESS WEBB CITY, MO.	

(Licensed Emballer's Statement on Reverse Side)

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

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

County File Number  
Date Filed  
MAY 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 .....  
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 24405

P. O. Address Webb City, 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.