

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12416

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559x Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOACHIM-RURAL</u>		c. LENGTH OF STAY (In this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. CITY OR TOWN <u>FESTUS</u>		e. STREET ADDRESS (If rural, give location) <u>RR, #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Festus, R.R.</u>			

3. NAME OF DECEASED (Type or Print) <u>AMANDA</u>		a. (First) <u>E.</u>	b. (Middle)	c. (Last) <u>PIRTLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 25 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>JUNE 27, 1875</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <u>CROSS ROADS, MO-0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>William H. Pirtle</u>	13b. MOTHER'S MAIDEN NAME <u>SARA SCOTT</u>	14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MISS GRACE PIRTLE</u>	ADDRESS <u>FESTUS MO-</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Rectal</u>		<u>unk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Myocarditis Chronic</u>		<u>unk</u>
	DUE TO (c) <u>Arteriosclerosis Chronic</u>		<u>unk</u>
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 <u>7220 H</u>	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 April 10, 1955, to April 25, 1955, that I last saw the deceased alive on Apr 24, 1955 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Goskit MD</u>	(Degree or title)	23b. ADDRESS <u>Festus Mo</u>	23c. DATE SIGNED <u>5/26/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNNY SIDE</u>	24d. LOCATION (City, town, or county) (State) <u>RR #3, FESTUS, MO-</u>
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DATE REC'D BY LOCAL REG. <u>4-26-55</u>	REGISTRAR'S SIGNATURE <u>John A. [Signature]</u>	502	25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Cady</u>	ADDRESS <u>Crystal City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 3 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 *James Richard Cady*
Licensed Embalmer No. *4369*
P. O. Address *CRYSTAL CITY*

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 must sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.