

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Maddux
State File No. 25858

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>Food</u>		Registrar's No. <u>710</u>				
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE MISSOURI				b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give town or township) SPRINGFIELD			c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>		c. CITY OR TOWN SPRINGFIELD		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 ST. JOHN'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 1333 S. NATIONAL				<u>03490</u>		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) A.		c. (Last) PITMAN		4. DATE OF DEATH (Month) (Day) (Year) AUG. 14, 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 27, 1887		9. AGE (In years last birthday) 68		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PITMAN INSR. AGENCY			10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (City and State or Foreign Country) DALLAS COUNTY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM L. PITMAN			13b. MOTHER'S MAIDEN NAME ELIZABETH STEVENSON			14. NAME OF HUSBAND OR WIFE FANNIE PITMAN				
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME FANNIE PITMAN, 1333 S. NATIONAL				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 4 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						332X		
		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						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>Jan. 13, 1951</u> , to <u>Aug. 14, 1955</u> , that I last saw the deceased alive on <u>8/17, 1955</u> , and that death occurred at <u>11:00p m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE J.P. Maddux (Degree or title) M.D.				23b. ADDRESS Springfield, Mo				23c. DATE SIGNED 8/15/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/55		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri				
DATE REC'D BY LOCAL REG. 8-15-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Samuel J. Schaefer		ADDRESS Springfield				

SEP 26 1964

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 *Lucius C. Swadlow*.....

Licensed Embalmer No. *7844*.....

P. O. Address *Springfield*.....

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.