

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35884

BIRTH NO.		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3002	Registrar's No. 232
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Audrain		
b. CITY OR TOWN Mexico		c. CITY OR TOWN Mexico		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 28 yrs		e. STREET ADDRESS (If rural, give location) 605 W. Whitley		
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 W. Whitley		0073		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Pitts		c. (Last) Pitts
4. DATE OF DEATH Nov. 28, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 7, 1865	9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and State or Foreign Country) North Hamptonshire, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Pitts		13b. MOTHER'S MAIDEN NAME Clara Pitts		14. NAME OF HUSBAND OR WIFE Lillian M. Pitts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Guy Pitts ADDRESS Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - <u>Arteriosclerosis generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500		
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) m.		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 Sept 8, 1955, to Nov 28, 1955, that I last saw the deceased alive on Nov 20, 1955, and that death occurred at 8:00 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Ho Sarkfane		23b. ADDRESS Mexico Mo.		23c. DATE SIGNED 11-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 55	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
DATE REC'D BY LOCAL REG. Nov 30 1955		REGISTRAR'S SIGNATURE Blanche Neely		FUNERAL DIRECTOR'S SIGNATURE 9-12-55 Precht-Hueston Funeral Home ADDRESS Mexico, Mo.

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

OCT 24 1967

DEC 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl E. Pugh*

Licensed Embalmer No. 3189

P. O. Address Mexico, D. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.