

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1809**

State File No. ....

No. 300  
10.48

**FILED FEB 8 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 13

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Laclede</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway - CONWAY</u>		c. CITY OR TOWN <u>Conway 05<sup>00</sup></u>	
c. LENGTH OF STAY (in this place) <u>13 years</u>		d. Is Residence within limits of "city or incorporated town?" Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-in Conway</u>			
e. STREET ADDRESS (If rural, give location) <u>In Conway (no addresses)</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Phillip</u>	b. (Middle) <u>—</u>	c. (Last) <u>Pittman</u>	(Month) <u>Jan.</u>	(Day) <u>28</u>	(Year) <u>1956</u>

<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 19 - 1874</u>	<b>9. AGE</b> (In years last birthday) <u>81</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Warren County - Ill.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Joseph C. Pittman</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fidelia Semelroth</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lillie Rose Pittman</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lillie Rose Pittman</u>	<b>ADDRESS</b> <u>Conway, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>MEDULLARY FAILURE</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>THROMBOTIC ENCEPHALOMALACIA</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>332x</u>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 1-20, 1956, to 1-28, 1956, that I last saw the deceased alive on 1-27, 1956, and that death occurred at 6:00 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>23b. ADDRESS</b> <u>105<sup>th</sup> Mansfield, Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-1-56</u>
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<b>24a. BURIAL - CREMATION REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>1-31-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Graceland</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Conway - Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-2-1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>4264 - 0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>Springfield, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

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

Received 2-6-56  
Laclede County Health Unit  
File No. 13  
Date Filed 2-6-56

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 [Signature]  
Licensed Embalmer No. 331  
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.