

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36863

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 447

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                     |                                                                                                                                           |                                                                                                                                                          |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> |                                                                                                                                                          |                                             |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Sedalia</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                     | c. CITY OR TOWN <b>Ionia</b>                                                                                                              |                                                                                                                                                          |                                             |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sedalia Rest Home</b>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                     | Length of stay in lb <b>Seven mons.</b>                                                                                                   |                                                                                                                                                          |                                             |
| d. STREET ADDRESS <b>Washington Twp., Pettis</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                     | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                        |                                                                                                                                                          |                                             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IRVIN</b> Middle <b>T.</b> Last <b>PITTMAN</b>                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                     | 4. DATE OF DEATH <b>Oct. 25, 1957</b>                                                                                                     |                                                                                                                                                          |                                             |
| 5. SEX <input checked="" type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6. COLOR OR RACE <b>White</b>                                                                                       |                                                                                                                                           | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |                                             |
| 8. DATE OF BIRTH <b>Jan. 24, 1877</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 9. AGE (In years last birthday) <b>80</b>                                                                           |                                                                                                                                           | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.                                                                                               |                                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>                                                                                                                                                                                                                                                                                                                                                                |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>                                                                       |                                                                                                                                           | 11. BIRTHPLACE (City and state or country) <b>Pettis County, Missouri</b>                                                                                |                                             |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 13. FATHER'S NAME <b>Fred Pittman</b>                                                                               |                                                                                                                                           |                                                                                                                                                          |                                             |
| 14. MOTHER'S MAIDEN NAME <b>Mary Woolery</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |                                                                                                                                           |                                                                                                                                                          |                                             |
| 16. SOCIAL SECURITY NO. <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 17. INFORMANT <b>Harold Pittman, 223 S. Stewart, Sedalia</b>                                                        |                                                                                                                                           |                                                                                                                                                          |                                             |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized Atherosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Carcinoma Prostate</b> |  |                                                                                                                     |                                                                                                                                           |                                                                                                                                                          | INTERVAL BETWEEN ONSET AND DEATH <b>187</b> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4500H</b>           |                                                                                                                                           |                                                                                                                                                          |                                             |
| 20c. TIME OF INJURY Hour a. m. p. m. _____                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>              |                                                                                                                                           |                                                                                                                                                          |                                             |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____                                                                                                                                                                                                                                                                                                                                                                          |  | 20f. CITY, TOWN, OR LOCATION <b>Sedalia, Missouri</b>                                                               |                                                                                                                                           |                                                                                                                                                          |                                             |
| 21. I attended the deceased from <b>May-5-57</b> to <b>Oct-25-57</b> and last saw her alive on <b>10-2-57</b><br>Death occurred at <b>7:45 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                   |  |                                                                                                                     |                                                                                                                                           |                                                                                                                                                          |                                             |
| 22a. SIGNATURE <b>Oliver J. Lowe MD</b> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                |  | 22b. ADDRESS <b>Sedalia, Mo.</b>                                                                                    |                                                                                                                                           | 22c. DATE SIGNED <b>10-26-57</b>                                                                                                                         |                                             |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 23b. DATE <b>Oct. 28, 1957</b>                                                                                      |                                                                                                                                           | 23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>                                                                                         |                                             |
| 23d. LOCATION (City, town, or county) <b>Sedalia, Missouri</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  | 23e. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>                                                                    |                                                                                                                                           | 23f. DATE RECD. BY LOCAL REG. <b>10-28-57</b>                                                                                                            |                                             |
| 24. FUNERAL DIRECTOR <b>D. W. Heckart, Sedalia, Missouri</b>                                                                                                                                                                                                                                                                                                                                                                                                             |  | 25. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>                                                                     |                                                                                                                                           |                                                                                                                                                          |                                             |

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

*Russell P. Maag*

Licensed Embalmer No. *480*

P. O. Address *Sedalia*

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.