

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42466

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No.:

318

Primary Registration District No.

1003

Registrar's No.

11277

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN FESTUS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b 29	
d. STREET ADDRESS BRIETON LANE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOTTIE NMN PITTMAN			4. DATE OF DEATH NOVEMBER 21, 1957
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1908
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months 6 Days -	11. UNDER 24 HRS. Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY GENERAL HOUSE WORK	
11. BIRTHPLACE (City and state or country) FESTUS, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE JACKSON		13b. MOTHER'S MAIDEN NAME MARY SWINK	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Jesse James Festus, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE ENCEPHALOPATHY DUE TO (b) HYPERTENSIVE VASCULAR DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA SEVERAL MONTHS			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 10 YEARS
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		334X	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from NOV 20, 1957 to NOV 21, 1957 and last saw her alive on NOV 21, 1957 Death occurred at 7:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		at 7:25PM	
22a. SIGNATURE C. P. Venullian, M.D.		22b. ADDRESS Barnes Hospital	
22c. DATE SIGNED 11/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-27-57	
23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY		23d. LOCATION (City, town, or county) (State) FESTUS, MO.	
24. FUNERAL DIRECTOR Emory R. Polite, Crystal City, Mo		25. DATE RECD. BY LOCAL REG. NOV 25 57	
26. REGISTRAR'S SIGNATURE Carl Smith Mo			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Gentry R. Polittle*

Licensed Embalmer No. *3481*

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