

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

102

State File No. _____

BIRTH NO. 112 REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>111 East Home Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orvie</u> b. (Middle) <u>Orlan</u> c. (Last) <u>Pittenger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>9 18 1868</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Albert Pittenger</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Ann Fike</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Maud Baugh (Decd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Aubrey O. Pittenger</u>	
				ADDRESS <u>Independence Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>				<u>instant.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u>		<u>years</u>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>colostomy, bowel resection for CA colon 16 years ago.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201H</u>		20. AUTOPSY? <u>2</u> 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 March 10, 19 57, to January 4, 19 58, that I last saw the deceased alive on 1/4/58, 1958, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Grou R. Hume MD</u>		23b. ADDRESS <u>Vandalia, Missouri</u>		23c. DATE SIGNED <u>1/4/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 6 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek</u>	
				24d. LOCATION (City, town, or county) (State) <u>Near Bellflower Mo.</u>	

DATE REC'D BY LOCAL REG <u>Jan 5 1958</u>		REGISTRAR'S SIGNATURE <u>Mollie Fugate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Almond L. Jones</u>	
				ADDRESS <u>Bellflower Mo.</u>	

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

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.....

me

Student Embalmer No.

working under my personal supervision.

Signed.....

Clarence Jones

Signed.....
Student Embalmer

Licensed Embalmer No.

2978

P. O. Address.....

Bellflower, Mo.

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 this body is not embalmed, fact should be so stated above.