

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009722
State File No.

FILED MAR 31 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5544 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL, and give name of township) OR TOWN <u>Burton Twp</u> <u>R. F. D. Higbee Mo</u>		c. CITY OR TOWN <u>Burton Twp</u> <u>R. F. D Higbee Mo</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ivan</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Pitney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1958</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>March 5 1908</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. 0</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Frank Pitney</u>				13b. MOTHER'S MAIDEN NAME <u>Belle McKinney</u>				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'S SIGNATURE OR NAME ADDRESS							

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sun Shot Wounds of Neck & Chest</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Felony</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>981X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Higbee Mo Howard Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-17-58 4:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Homicide</u>					
22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>58</u> , to <u>3-17</u> , 19 <u>58</u> , that I last saw the deceased <u>pass on 3-17</u> , 19 <u>58</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Long M. D. Coron</u>				23b. ADDRESS <u>Fayette Mo</u>				23c. DATE SIGNED <u>3-21-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 20 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/2/58</u>		REGISTRAR'S SIGNATURE <u>Mary E. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burton Funeral Home. Higbee Mo</u>					

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

0450

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.....

Licensed Embalmer No. 334

P. O. Address Fayette, Va

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.