

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010585

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5665 Registrar's No. 21

300
1-57

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steffenville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Steffenville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>East of Steffenville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>Roy</u> Last <u>Pitman</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 4, 1883</u>		9. AGE (In years at birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Lewis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Harry Pitman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pitman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Goldie Pitman</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.	17. INFORMANT <u>Mary Goldie Pitman - Ewing, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant Neoplasm Type</u> DUE TO (b) <u>undetermined, inflammatory changes</u> DUE TO (c) <u>& Necrosis suggest Hodgkin's disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>1 or 2 years</u>
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.) <u>2</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 <u>2-17-54</u> to <u>3-4-58</u> and last saw him alive on <u>3-4-58</u> Death occurred at <u>3-30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Kenneth Glauer D.D.</u>			22b. ADDRESS <u>Newark Mo</u>		22c. DATE SIGNED <u>3-6-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>March 7, 1958</u>		23b. DATE <u>March 7, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Steffenville</u>	
24. FUNERAL DIRECTOR <u>Thomas Ball</u>			25. DATE RECD. BY LOCAL REG. <u>3-10-58</u>		26. REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u> <u>E.L.</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

[Faint, illegible handwritten text, possibly bleed-through from the reverse side of the page]

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 *L. M. Cravell*

Licensed Embalmer No. *4905*

P. O. Address *Cushing, W.*

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.