

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014894
State File No. 102

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bedford Twp.		c. CITY OR TOWN Troy 0570	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 HRS		e. STREET ADDRESS (If rural, give location) 551 West Cherry	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) Augustine		b. (Middle) J.	
		c. (Last) Pittman	
4. DATE OF DEATH (Month) (Day) (Year) April 9, 1958			
5. SEX Male - 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21, 1887
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinerian		10b. KIND OF BUSINESS OR INDUSTRY Gen. Practice	11. BIRTHPLACE (City and State or Foreign Country) Perryville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George R. Pittman		13b. MOTHER'S MAIDEN NAME Mary L. Moore	
14. NAME OF HUSBAND OR WIFE Neva Pendelton Pittman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-44-6931	
17. INFORMANT'S SIGNATURE OR NAME Mrs Neva Pittman		ADDRESS Troy, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		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	
20. AUTOPSY? 2 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.) 4201	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 April 7, 1958 , to April 9, 1958 , that I last saw the deceased alive on April 9, 1958 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. Church (Degree or title) M.D. 0		23b. ADDRESS Troy, Missouri	
23c. DATE SIGNED 4/11/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/58	
24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri	
DATE REC'D BY LOCAL REG. 4-18-58		REGISTRAR'S SIGNATURE Nell-S. Schoenhein	
25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home		ADDRESS Troy, Mo.	

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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 Joseph J. Marsh
Licensed Embalmer No... 3932

P. O. Address Troy, Missouri

**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.**