

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032105

STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		c. CITY OR TOWN CAMERON 0251 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warren Nursing Home		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martha Middle Last Pitts.		4. DATE OF DEATH Month 9 Day 24 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-4-1869 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		100. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) ENGLAND 4
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME George Longbeek		14. MOTHER'S MAIDEN NAME ELLEN HARRISON	
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. Gertrude Austin Cameron Address 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Generalized atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 10 yrs 70 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 2:00 Month, Day, Year		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 6-20-58 to 9-24-58 and last saw him alive on 9-24-58 Death occurred at 2:00 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Compton 2		22b. ADDRESS Cameron, MO	
22c. DATE SIGNED 9-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-27-58	23c. NAME OF CEMETERY OR CREMATORY Quick Cemetery	23d. LOCATION (City, town, or county) (State) COUNCIL BLUFFS, IOWA.
24. FUNERAL DIRECTOR DeMass CRUNK ADDRESS CAMERON, MO		25. DATE RECD. BY LOCAL REG. 9-27-58	26. REGISTRAR'S SIGNATURE Francis D. Rowland

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

Health & Welfare Public Service
300
1-56

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 *Lee M. Cook*.....

Licensed Embalmer No. *263*

P. O. Address *CAMERO*

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.