Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000090
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Audrain Co — Length of stay in 1b: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Montgomery
c. CITY OR TOWN: Montgomery City 8709 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Nor[illegible] — Reside on Farm: Yes [X] No [X]

3. NAME OF DECEASED (Type or print): First Middle Last — Mary Catherine Pittenger

4. DATE OF DEATH: Month Day Year — Jan 13 1959

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Aug 27 1872
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: General Duties
11. BIRTHPLACE (City and state or country): [illegible] Pike Co Mo. 5
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Neil Pittenger
13b. MOTHER'S MAIDEN NAME: Elizabeth Mary Ann McCay
14. NAME OF HUSBAND OR WIFE: L.C.Pittenger (Deceas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Paul Pittenger Bellflower 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery disease — Unknown
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-9-59, to 1-13-59 and last saw her/him alive on ~~1-13~~ 1-13-59
Death occurred at 6:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): K. D. Swan DD. 2
22b. ADDRESS: Mexico, Mo
22c. DATE SIGNED: 1-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 16 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellflower
23d. LOCATION (City, town, or county) (State): Bellflower Mo.

24. FUNERAL DIRECTOR ADDRESS: Oland A.Jones Bellflower Mo.
25. DATE RECD. BY LOCAL REG.: Jan-15-1959
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....Me....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ...Oland A. Jones.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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