Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008418
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center — Length of stay in 1b 8½ Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Fulton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RT 1. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: KAREN Middle: FAY Last: Pitt
4. DATE OF DEATH Month 3 Day 20 Year 59
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-25-58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 10 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Fulton, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Clarence Pitt
13b. MOTHER'S MAIDEN NAME Miss Doris Scott
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 University of Mo. Medical Records. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure — 4 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Endocardial Fibroelastosis — 11 Months
DUE TO (c) Pneumonia — 2 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7541
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 3-19-59, to 3-20-59 and last saw her alive on 3-20-59
Death occurred at 2:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gerard Van Leeuwen (Degree or title) MD.
22b. ADDRESS University of Mo. Med. Center
22c. DATE SIGNED 3-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar 21, 1959
23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
23d. LOCATION (City, town, or county) (State) Callaway County, Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. March 20 1959
26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, 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.