

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020312
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Mexico, Missouri. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Santa Fe, Missouri. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hospital Length of stay in 1b 4 Wks		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BESSIE First D. Middle PITTMAN. Last		4. DATE OF DEATH May 21, 1959 Month May Day 21 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 28, 1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. AGE (In years last birthday) 72	9c. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Monroe Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W.H. Dull		14. MOTHER'S MAIDEN NAME Nora Williamson.	
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 George Pittman Santa Fe, 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) Cerebral Vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) _____ 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 3 wks Years
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.) 4221	
20c. TIME OF INJURY Hour Month Day Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 4-29-59 to 5-21-59 and last saw her alive on 5-20-59 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. F. Jolley by Leonard D. Perry, M.D. (Degree or title)		22b. ADDRESS Mexico, Missouri.	22c. DATE SIGNED June 18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-23-1959	23c. NAME OF CEMETERY OR CREMATORY South Fork Cemetery.	23d. LOCATION (City, town, or county) (State) Monroe Co., Mo.
24. FUNERAL DIRECTOR Clyde L. Wessley, Perry, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. June 18 1959	26. REGISTRAR'S SIGNATURE Blanche Neely

