

FIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-035014

STATE FILE NUMBER

40

Registration District No. 373

Primary Registration District No. 6268993

Registrar's No. 406268

UNRECORDED

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NIANGUA TWP.		Length of stay in 1b 24 YRS		c. CITY OR TOWN NIANGUA MO R2	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SMI EAST		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) SMI EAST	
3. NAME OF DECEASED (Type or print) JOHN F. PITCHFORD		First Middle Last		4. DATE OF DEATH AUG 10 1959	
5. SEX MALE 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 8-15-1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY ---		9. AGE (last birthday) 83	
13a. FATHER'S NAME DESS PITCHFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN		11. BIRTHPLACE (City and state or country) MISSOURI	
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. ---		17. INFORMANT RAY PITCHFORD, NIANGUA MO R2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Pyelonephritis - Recurrent		6 days	
		DUE TO (c) General arteriosclerosis; Severe		20 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia, Dehydration, C.V.A.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. 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 Oct. 16, 1954 to Aug 10, 1959 and last saw him alive on Aug 7, 1959 Death occurred at 1203 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. M. Macdonnell MD			22b. ADDRESS Marshfield, Mo.		22c. DATE SIGNED 8/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-12-1959	23c. NAME OF CEMETERY OR CREMATORY PROSPECT		23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD			25. DATE RECD. BY LOCAL REG. 9-16-59		26. REGISTRAR'S SIGNATURE J. Francis

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *R. W. Baul*

Licensed Embalmer No. 38

P. O. Address *W. W. Brown*

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.