

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 27 1960

-60-020407

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fair		c. CITY OR TOWN Riverside	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not hospital, give location) HOSPITAL OR INSTITUTION On 045 highway 5 miles West of Platte City, Mo		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Richard Keith Pittman			4. DATE OF DEATH Month Day Year May - 22 - 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1924	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Corn & Products	11. BIRTHPLACE (City and state or country) Minneola, Kansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ira E. Pittman		13b. MOTHER'S MAIDEN NAME Rilla Frakes		14. NAME OF HUSBAND OR WIFE Bernadine Pittman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. Lost	17. INFORMANT Address Mrs Beradine Pittman Waldron, 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) COMPLETE SKULL FRACTURE		INTERVAL BETWEEN ONSET AND DEATH INST.
DUE TO (b) AUTO ACCIDENT		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ACCIDENT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
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 _____ to _____ and last saw her/him alive on _____
 Death occurred at **APPROX. 2:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard M. Giffel, Coroner	22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 5-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-23-60	23c. NAME OF CEMETERY OR CREMATORY Minneola Cemetery
23d. LOCATION (City, town, or county) Minneola, Kansas		(State)

24. FUNERAL DIRECTOR Rollins & Mitchell Platte City	ADDRESS Missouri	25. DATE RECD. BY LOCAL REG. May 23, 1960	26. REGISTRAR'S SIGNATURE B. P. Rollins
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS NOV 30 1960

MAY 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Tommy R. Rollins, Student Embalmer No. 58
working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Giffel
Signature of Student Embalmer

Licensed Embalmer No. 4728
P. O. Address Platte City,

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.