URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUL 14 1960

-60-025489
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SIKESTON
Length of stay in 1b: 15 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 100 BOWMAN ST.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: SCOTT
c. CITY OR TOWN: SIKESTON
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 100 BOWMAN ST.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Clara Middle: Last: Pitman
4. DATE OF DEATH Month Day Year: 6-26-60
5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 2-26-189[illegible]
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months 4 Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): WINONA, MISS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FRANK SIMPSON
13b. MOTHER'S MAIDEN NAME: BECKY HOLMAN
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: OSCAR HARVEY, SIKESTON, MO. Address: 213 LUTHER ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cellulitis, face + neck.
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):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
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 6-21-60, to 6-26-60 and last saw her/him alive on 6-26-60
Death occurred at 1:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Leo Bruce M.D.
22b. ADDRESS: Sikeston, Mo
22c. DATE SIGNED: 29 June 60
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 7-1-1960
23c. NAME OF CEMETERY OR CREMATORY: SUNSET
23d. LOCATION (City, town, or county) (State): SIKESTON, MO.
24. FUNERAL DIRECTOR ADDRESS: ALVIN DOTSON, SIKESTON, MO.
25. DATE RECD. BY LOCAL REG.: July 4-60
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Iris S. Marshall

Signature of Student Embalmer

Licensed Embalmer No. 4601

P. O. Address Sylvester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.