

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048583

LED VS DEC 21 1960

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 6279 Registrar's No. 109

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>WRIGHT</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>GASCONADE TOWNSHIP</u>	a. STATE <u>MO.</u>	b. COUNTY <u>WRIGHT</u>
Length of stay in 1b		c. CITY OR TOWN <u>MANSFIELD</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>ROUTE 3</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>GUS</u>	Middle <u>T.</u>	Last <u>PITCHFORD</u>	Month <u>12</u>	Day <u>7</u>
Year <u>60</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1872</u>	9. AGE (last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>WEBSTER Co. MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>WESLEY D. PITCHFORD</u>	13b. MOTHER'S MAIDEN NAME <u>SUSANNAH J. ALFORD</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. JOHN MACKAY MANSFIELD MO.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. JOHN MACKAY MANSFIELD MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>PNEUMONIA</u>		<u>2 days</u>
DUE TO (b) <u>METASTASIS, INANITION</u>		
DUE TO (c) <u>INTRABDOMINAL CARCINOMA ORIGIN</u>		<u>1 1/2 year</u>

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"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. 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 <u>MANSFIELD</u>	COUNTY <u>MO</u>	STATE
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21. I attended the deceased from 8-16-59 to 12-7-60 and last saw her/him alive on 7-15-60  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert J. Berez, MD</u>	22b. ADDRESS <u>MANSFIELD, MO</u>	22c. DATE SIGNED <u>12-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>WRIGHT Co. MO.</u>
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24. FUNERAL DIRECTOR <u>Robert Bergman Dayman, mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Bonnie J Jones</u> <u>Ruth Carter</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12-16-60

DEPT. OF HEALTH  
12-16-60  
12-16-60  
Date Filed

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Max J Miller

Licensed Embalmer No. 4720

P. O. Address Manassas

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.