

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000829

FILED VS JAN 2 0 1961

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

STATE FILE NUMBER

ITEM NO. _____
 AMENDED _____
 DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____

| | | | | | |
|--|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Dunklin | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Senath | | Length of stay in 1b | c. CITY OR TOWN Senath | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Senath | |
| 3. NAME OF DECEASED (Type or print) First Claude Middle Randall Last Pitts | | | 4. DATE OF DEATH Month Jan. Day 2 Year 1961 | | |
| 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 12/8/1907 | 9. AGE (last birthday) 53 | IF UNDER 1 YEAR Months _____ Days 24 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Dunklin Co., Mo. | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME John Pitts | | 13b. MOTHER'S MAIDEN NAME Lillie Mae Hall | | 14. NAME OF HUSBAND OR WIFE Geneva Pitts | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Geneva Pitts, Senath, 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) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| 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) | | | | 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 1:30 P.M. , to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Quinton Tarver (Degree or title) Coroner | | | 22b. ADDRESS Kennett, Mo. | | 22c. DATE SIGNED 1-2-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/4/1961 | 23c. NAME OF CEMETERY OR CREMATORY Senath | 23d. LOCATION (City, town, or county) Senath Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service, Senath, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-14-61 | 26. REGISTRAR'S SIGNATURE Mabel T. Dauglar | | |

Mr. Gale No. 161-15

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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, MO.

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.