

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-004540

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 5

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Bates</b>                          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Butler</b>   |  | Length of stay in 1b<br><b>32 yrs</b>   | c. CITY OR TOWN <b>Butler Mo</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bates Co Memorial Hosp</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>507 N Main St</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Thomas</b> Middle <b>Grover</b> Last <b>Pitchford</b>  |  |   | 4. DATE OF DEATH<br>Month <b>Jan</b> Day <b>4</b> Year <b>1961</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>W</b>           | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/25/84</b>   |
| 9. AGE (last birthday)<br><b>76</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired civil service</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Bates Co Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  | 13a. FATHER'S NAME<br><b>C C Pitchford</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Jane Willis</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Betty Pitchford</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Betty Pitchford-Butler Mo</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Edeema of Lungs</b><br>DUE TO (b) <b>Heart failure</b><br>DUE TO (c) <b>Uremic coma</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Phenylphlegia + Paralysis Cyturus</b>  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>January 1950</b> to <b>Jan 4 1961</b> and last saw him alive on <b>Jan 4 1961</b><br>Death occurred at <b>10AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |
| 22a. SIGNATURE<br><b>C. L. Hansen M.D.</b> (Degree or title)   |  | 22b. ADDRESS<br><b>Butler Missouri</b>  | 22c. DATE SIGNED<br><b>Jan. 5-61</b> (State)   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>1/5/61</b>             | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakhill Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Butler Mo</b>  |
| 24. FUNERAL DIRECTOR<br><b>Culver Underwood-Butler Mo</b> ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><b>Jan. 7. 1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Kendall Kersey</b>   |

JAN 24 1961

JAN 31 1961

MAR 10 1961

**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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Pa

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.