

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031844

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 66

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF BIRTH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		c. CITY OR TOWN Charleston	
Length of stay in lb life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 506 Lincoln		d. STREET ADDRESS (If outside, give location) 506 Lincoln	
3. NAME OF DECEASED (Type or print) First Velvet Middle Jean Last Pittman		4. DATE OF DEATH Month August Day 27 Year 1962	
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Baby <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/1/1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1
		11. BIRTHPLACE (City and state or country) Charleston, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Freeman Pittman		13b. MOTHER'S MAIDEN NAME Alene Smith	14. NAME OF HUSBAND OR WIFE
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 Mo. Freeman Pittman, 506 Lincoln, Charleston.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Gastric Enteritis			INTERVAL BETWEEN ONSET AND DEATH 4 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)			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 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 <u>8-27-62</u> to <u>8-27-62</u> and last saw ^{her} him alive on <u>8-27-62</u> . Death occurred at <u>11:40</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <u>510 South 6 Main St Charleston, Mo.</u>	22c. DATE SIGNED <u>8-28-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 31, 1962	23c. NAME OF CEMETERY OR CREMATORIUM Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Missouri
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. <u>8-29-62</u>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

SEP 5 1962

*Permit issued
8-29-62
JAH*

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 James A Carter
Licensed Embalmer No. 468

P. O. Address C. Williams

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.