

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043570**  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 1661-A

**FILED DEC 9 1963**

DO NOT WRITE ON THIS STUD

AMENDED

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>HICKORY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in 1b <b>4 WEEKS</b>	c. CITY OR TOWN <b>GREENE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. Johns</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DOUGLAS LEE PITTS</b>			4. DATE OF DEATH <b>11</b> Month <b>25</b> Day <b>63</b> Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-17-1883</b> 9. AGE (last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during regular working life, even if retired) <b>PAPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>HICKORY CO., MO.</b> 12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>FOUNTAIN M. PITTS</b>		13b. MOTHER'S MAIDEN NAME <b>FANNIE DENNIS</b>	14. NAME OF HUSBAND OR WIFE <b>MARY E. PITTS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MARY E. PITTS PITTSBURG, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> DUE TO (b) <b>due to coronary occlusion</b> DUE TO (c) <b>Arteriosclerotic heart disease?</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b> " " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Localized Carcinoma of Prostate</b>			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 <b>10/27/63</b> to <b>11/25/63</b> and last saw <sup>him</sup> <del>her</del> alive on <b>11/25/63</b> . 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) <b>Harold H. Lurie, M.D.</b>		22b. ADDRESS <b>600 S. Glenstone Springfield, Mo.</b>	22c. DATE SIGNED <b>12/2/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-27-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PITTSBURG CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HICKORY CO., MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>ALLEN W. VAUGHAN URBANA, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-4-63</b>	26. REGISTRAR'S SIGNATURE <b>Bernie Medley</b>

VS 300  
Rev. 4/59

**10397**  
**20430**

3  
4 **0**  
5 **1**  
6  
7 **0**  
8 **0**  
9 **200H**

10  
11  
12 **4-0**  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

0172182-1178

11/25/63

**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

*Eric M. Abbott*

Licensed Embalmer No.

5115

P. O. Address

*Springfield, 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.