

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0034807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 96

Primary Registration District No. 5350

Registrar's No. 50

FILED OCT 10 1967

1. PLACE OF DEATH

a. COUNTY

Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

URBANE LINCOLN TWP

Length of stay in 1b

5 YRS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Dallas

admission)

c. CITY

OR TOWN

URBANE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Reba

Middle

Elsie

Last

Pitts

4. DATE OF DEATH

Month

10-

Day

5-

Year

1967

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

NOV-3-1899

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

POLK CO., MO.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

EDWARD J. CORNEAL

13b. MOTHER'S MAIDEN NAME

EFFIE NICHOLS

14. NAME OF HUSBAND OR WIFE

ARCY PITTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

496-42-5425

17. INFORMANT

Ronnie Pitts

Address

Bolivar, 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 thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterio-sclerotic heart

DUE TO (c)

disease

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

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

5/18/67

to

10-5-67

and last saw her alive on

10-4-67

Death occurred at

7A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. B. Bailey, Jr.

22b. ADDRESS

Urban

22c. DATE SIGNED

10/5/67

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10-8-1967

23c. NAME OF CEMETERY OR CREMATORY

Pittsburg, Com.

23d. LOCATION (City, town, or county)

HICKORY CO., MO.

(State)

24. FUNERAL DIRECTOR

Allen W. Vaughan

ADDRESS

Urban, Mo.

25. DATE RECD. BY LOCAL REG.

10/7/67

26. REGISTRAR'S SIGNATURE

Mary Phillips, Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

10300

20300

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OCT 18 1967

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Zephania, 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.

made to pass 10/10/67