

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33462

State File No. \_\_\_\_\_

4492

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1208 N. 9th St.</u>				X	
3. NAME OF DECEASED (Type or Print) <u>DAVID</u>		a. (First)		b. (Middle) <u>ROGERS</u>		c. (Last) <u>CHITTIM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 6, 1884</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fireman, St. Joseph Terminal R.R.Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Terminal R.R.Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George M. Chittim</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Martin</u>			14. NAME OF HUSBAND OR WIFE <u>Junia Chittim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Eugene C. Chittim</u> , ADDRESS <u>40th &amp; Frederick Ave., St. Joseph, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Prostate</u>		II. OTHER SIGNIFICANT CONDITIONS						<u>1 yr 6 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Uremia</u>							
		DUE TO (c) _____							
19a. DATE OF OPERATION <u>9-21-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cystostomy</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>9-15, 1950</u> , to <u>10-23, 1950</u> , that I last saw the deceased alive on <u>10-23, 1950</u> , and that death occurred at <u>4:4</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. A. Staggs</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>822 Argyle K.C. Mo.</u>		23c. DATE SIGNED <u>10-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-25-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>MEIERHOFFER-FLEEMAN FUNERAL HOME</u> , ADDRESS <u>St. Joseph, Missouri</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. A. Steggs  
P12 Argyle Bldg.  
No. 5485

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Walter Meisner

Signed.....  
Student Embalmer

Licensed Embalmer No. 4244

P. O. Address at Joe's

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 this body is not embalmed, fact should be so stated above.