

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5642**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **20**

0840

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Memorial			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) E c. (Last) Sitton		4. DATE OF DEATH (Month) (Day) (Year) 2 3 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct 20 1875
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HRS. 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 Homemaker	
11. BIRTHPLACE (State or foreign country) Benton County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Dr William E Sitton		13b. MOTHER'S MAIDEN NAME Emma Keller		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Kathleen S Edwards ADDRESS Alanta Ga	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222	

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 **1-23**, 19**50**, to **2-2**, 19**51**, that I last saw the deceased alive on **2-2**, 19**51**, and that death occurred at **1:30p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS Humansville Mo		23c. DATE SIGNED 2-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	
		24d. LOCATION (City, town, or county) (State) Windsor Mo			

DATE REC'D BY LOCAL REG. Feb. 5, 1951		REGISTRAR'S SIGNATURE Ralph Gordonper Jewell		25. FUNERAL DIRECTOR'S SIGNATURE J B Goodrich ADDRESS Osceola Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 6-1-1

RECEIVED FEB 14 1951

Dist. File 251-381

Date Filed 2-14-51

DEC 3 1951

APR 3 1952

PR 30 1951

VS APR 2 1959

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 _____

Student Embalmer

Signed

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Frederick, MD

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.