

FILED DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42957**
Registrar's No. **218**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4990		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (In this place) 1 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Maryville		0742	
d. FULL NAME OF (If not in hospital or institution, give street address of location) Home				d. STREET ADDRESS (If rural, give location) 1216 E. 4th - 0			
3. NAME OF DECEASED (Type or Print) a. (First) Seth			b. (Middle) Everett		c. (Last) Ditto		4. DATE OF DEATH (Month) (Day) (Year) 12-19-1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4-19-1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
12a. FATHER'S NAME Samuel D. Ditto			13b. MOTHER'S MAIDEN NAME Margaret Wheatly		14. NAME OF HUSBAND OR WIFE Nellie Ditto		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Ditto - Maryville - Mo -		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 331X			
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 Dec 14, 1952 to Dec 19, 1952 that I last saw the deceased alive on Dec 18, 1952 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. G. Garton D.O.				23b. ADDRESS Maryville Mo		23c. DATE SIGNED 12-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-1952	24c. NAME OF CEMETERY OR CREMATORY Hopkins, Mo		24d. LOCATION (City, town, or county) (State) Hopkins, Mo		
DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE Kress Holt 239		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS G. M. Johnson Maryville Mo.			

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

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.

Student
Student Embalmer

Signed *G M Atchison*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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 this body is not embalmed, fact should be so stated above.