

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4424

State File No.

FILED MAR 3 1954 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 10

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Dent</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (in this place) <u>6 MO</u>		e. STREET ADDRESS (If rural, give location) <u>207 W 1st St</u> <u>033/0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>Myron</u>			b. (Middle) <u>- Sites</u>		c. (Last) <u>Stitt</u>	
			b. (Month) <u>2/</u>		c. (Day) <u>19/</u>	
			d. (Year) <u>54</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>Sept 23 1885</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Manchester Ia</u>		
				12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		
13a. FATHER'S NAME <u>Rosweld Sites</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Lavis</u>		14. NAME OF HUSBAND OR WIFE <u>Ada May Sites</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada May Sites</u>		
(If yes, give war or dates of service)				ADDRESS <u>Salem Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						<u>331 X</u>
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) (m.)		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>2-10-54</u>, to <u>2-19-54</u>, that I last saw the deceased alive on <u>2-19-54</u> 19<u>54</u>, and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>2-20-54</u>	
(Degree or title)						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/21/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cox Cemetary</u>		
				24d. LOCATION (City, town, or county) (State) <u>Shannon Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-21-54</u>		REGISTRAR'S SIGNATURE <u>m. m. Hart, M. O. eg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		
				ADDRESS <u>[Address]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Carl H. Johnson*

Licensed Embalmer No. *237*

P. O. Address *Salmon*

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.