

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

7580

FILLED MAR 11 1954

6252 State File No.  
6251 Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6251</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Leiper</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Leiper</u>		110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mill Springs Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Mill Spring Scop.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CHITWOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-54</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Slater</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Margon Chitwood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dochia June Burnett Leiper, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> 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"/>	
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) <u>Leiper Wayne Mo</u>		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>2-28</u> , 19 <u>54</u> to <u>3-2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>54</u> and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. E. Fanning, M.D.</u>				23b. ADDRESS <u>Bedford Mo</u>		23c. DATE SIGNED <u>3-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catter Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Bedford, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 8, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 400-		GENERAL DIRECTOR'S SIGNATURE <u>Person</u>		ADDRESS <u>Bedford Mo</u>	

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

RECEIVED

MAR 10 1954

WAYNE CO. HEALTH CENTER

FILE No. 354-11

MAR 3 1954

MAR 10 1954

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 \_\_\_\_\_

*ME*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Maurice E. Bewler*

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.