No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9351

BIRTH No. FILED MAR 25 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 0611 0
d. STREET ADDRESS (If rural, give location): 207 Pearl

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle):
c. (Last): Crutchfield

4. DATE OF DEATH (Month) (Day) (Year): Mar. 7, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 10, 1875
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — 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: —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew Chitwood
13b. MOTHER'S MAIDEN NAME: Ellen Taylor
14. NAME OF HUSBAND OR WIFE: Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Don Crutchfield — **ADDRESS**: Macon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Post Cholecystectomy — 3 days
DUE TO (c): Surgical —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes — 10 yrs
Hypertension — 10 yrs

19a. DATE OF OPERATION: 3-4-54
19b. MAJOR FINDINGS OF OPERATION: Chole lithiasis 584 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 4, 1954, *to* Mar 7, 1954, *that I last saw the deceased alive on* Mar 7, 1954 *and that death occurred at* 3.00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Ewing 0 (Degree or title): MD
23b. ADDRESS: Macon Mo
23c. DATE SIGNED: 3-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1954
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
24d. LOCATION (City, town, or county) (State): Macon Mo.

DATE REC'D BY LOCAL REG.: 3/15/54
REGISTRAR'S SIGNATURE: Ruth McNeely 183
25. FUNERAL DIRECTOR'S SIGNATURE: Lester Hilton — **ADDRESS**: Macon, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3.23.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.54.44
Date Filed 3.25.54

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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