

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23369

State File No.

BIRTH NO. 44620-54 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 8 hrs.	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hosp.		STREET ADDRESS (If rural, give location) Mc Cune Brooks Hosp. 0493	
3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) Warren	c. (Last) Chittenden	4. DATE OF DEATH (Month) (Day) (Year) August 2, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-2-1954
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mc Cune Brooks Hosp. Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Chittenden	
13b. MOTHER'S MAIDEN NAME Joan Erwin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME George Chittenden		ADDRESS Carthage, 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) Prematurity (6 1/2 mo pregnancy) non-functioning respiratory center 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"/>		776 X	
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 8-2, 1954 , to 8-2, 1954 , that I last saw the deceased alive on 8-2, 1954 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Shovel D. Patterson MD (Degree or title)		23b. ADDRESS 506 S. Main Carthage, Mo	23c. DATE SIGNED 8-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-2-1954	24c. NAME OF CEMETERY OR CREMATORY Marshfield Cemetery	24d. LOCATION (City, town, or county) (State) Marshfield, Missouri
DATE REC'D BY LOCAL REG. 8-3-54	REGISTRAR'S SIGNATURE Aminia Chittenden 139-5	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	

(Licensed Embalmer's Placement on Reverse Side)

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

RECEIVED AUG 11 1954
Jasper County Health Office
County File Number 54-8-66
Date Filed AUG 11 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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Cantel

Licensed Embalmer No. 480

P. O. Address Carters

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.