

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10823

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6251 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEEPER		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEEPER	
		d. STREET ADDRESS (If rural, give location) <i>110</i> Miss Spring Journal	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MORGAN c. (Last) CHITWOOD			4. DATE OF DEATH (Month) (Day) (Year) MARCH 28 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	
8. DATE OF BIRTH APR 6, 1872		9. AGE (In years last birthday) 82		10. MONTHS 9	
10a. USUAL OCCUPATION (Give kind of work done during life or last life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM.		11. BIRTHPLACE (City and State or Foreign Country) RUBLE, MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME BATY CHITWOOD		13b. MOTHER'S MAIDEN NAME MARY WEBB		14. NAME OF HUSBAND OR WIFE SARAH E. CHITWOOD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gay Chitwood Redwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary sclerosis.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertension</i>		2 years	
		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) <i>Leeper Wayne Mo</i>	
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 *1-1-1953* to *3-26-1955*, that I last saw the deceased alive on *3-26-1955*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. E. Fanning M.D.</i>		23b. ADDRESS <i>Redwood, Mo</i>		23c. DATE SIGNED <i>3-28-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/29/55		24c. NAME OF CEMETERY OR CREMATORY ROWLAND HILL	
24d. LOCATION (City, town, or county) (State) NEAR GARWOOD MO.		25. GENERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. MAR. 29, 1955		REGISTRAR'S SIGNATURE <i>Thylis Ward</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>Norman W. Cook</i> ADDRESS <i>Redwood, Mo</i>	

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

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RECEIVED

APR

7 1955

WAYNE CO. HEALTH CENTER

FILE NO.

APR 7 1955

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

Marvin E. Bowles

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.