

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008340  
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 22

300  
1-57  
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1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		c. CITY OR TOWN <b>Wheaton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cassville Com. Hosp. 5 days</b>		d. STREET ADDRESS <b>0050</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Nancy Jane Chitwood</b>			4. DATE OF DEATH Month Day Year <b>March 28 1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 30 1869</b>	9. AGE (In years last birthday) <b>89</b>	F UNDER 1 YEAR Months Days <b>6 26</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House keeper</b>	11. BIRTHPLACE (City and state or country) <b>Barry County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Van Young Chitwood</b>	13b. MOTHER'S MAIDEN NAME <b>Susannah (unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>J. W. Fox (adm) Wheaton, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Congestive Heart Failure</b>		<b>3 days</b>
DUE TO (c) <b>Bronchial Asthma</b>		<b>Indef.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>241X</b>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>March 23, 1959</b> to <b>March 28, 1959</b> and last saw her alive on <b>March 28, 1959</b> Death occurred at <b>10:50 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Delmit Howace No. D.O. 1</i>	22b. ADDRESS <b>Purdy, Mo.</b>	22c. DATE SIGNED <b>3/30/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chitwood Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>2 Mi. S. Wheaton, Mo.</b>
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24. FUNERAL DIRECTOR <i>W. Morris Payne Wheaton Mo.</i>	25. DATE RECD. BY LOCAL REG. <b>Mar 31-1959</b>	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>
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(Licensed Embalmer's Statement on Reverse Side)

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

STATE REG. 7-6-59

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 *James Kenyth Dunca*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton, Ill*

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.